



OKLAHOMA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

PRODUCER	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	4	9	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		
	2	7		BI EACH ACCIDENT \$		
	3	8		PROPERTY DAMAGE \$		
PHYSICAL DAMAGE						
			TOWING & LABOR	3 7	\$	
			COMPREHENSIVE	2 3	4 7	8
MEDICAL PAYMENTS	2 3	4 7	8	EACH PERSON \$		
UNINSURED MOTORIST	2	6		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		
	3	7		BI EACH ACCIDENT \$		
	4					
HIRED/BORROWED LIABILITY	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS		
NON-OWNED LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF		
			EMPLOYEES			
			VOLUNTEERS			
			PARTNERS			
			HIRED PHYSICAL DAMAGE			
			COVERAGE IS:	PRIMARY	SECONDARY	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$							
	42	47	BI EACH ACCIDENT \$	COMPREHENSIVE	42 43	46 47	\$			
	43	50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 43	46 47	SCL FT LSP FTW	\$		
			COLLISION	42 43	46 47		\$			
MEDICAL PAYMENTS	42 43	46	EACH PERSON \$	TOWING & LABOR	46		\$			
UNINSURED MOTORIST	42	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	#TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45			COMPREHENSIVE	48 49					
				SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS						
HIRED/BORROWED LIABILITY	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS						
NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE					
			EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
					COVERAGE IS:		PRIMARY		SECONDARY	
OTHER					OTHER					
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY		(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW		(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT		(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62 <input type="checkbox"/>	67 <input type="checkbox"/>				\$	
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>					
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>						
	64 <input type="checkbox"/>										
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$	
					63 <input type="checkbox"/>	68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW				
					64 <input type="checkbox"/>						
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>				\$	
					63 <input type="checkbox"/>	68 <input type="checkbox"/>					
					64 <input type="checkbox"/>						
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>		\$				
	63 <input type="checkbox"/>	67 <input type="checkbox"/>			67 <input type="checkbox"/>						
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64 <input type="checkbox"/>			COMPREHENSIVE	69						
					70						
					69						
					70						
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69						
	NO <input type="checkbox"/>		\$		70						\$
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO <input type="checkbox"/>		\$								
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF							
	NO <input type="checkbox"/>		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER							
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>											

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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