



PENNSYLVANIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	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	CSL BI EA PER \$				
	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$				
FIRST PARTY BENEFITS	5	MED EXP \$ FUNERAL \$	PHYSICAL DAMAGE			
	7	WK LOSS \$ ACC DTH \$				
TORT OPTION	5 7	LTD FULL	TOWING & LABOR	3 7	\$	
COMBINATION FIRST PARTY BEN	5 7	TOT BEN LMT \$ FU-NERAL \$ ACC DTH \$	COMP / OTC	2 4 8 3 7		
EXTRAORD MED BEN	5 7	\$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7		
UNINSURED MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$				
UNDERINS MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERED/Deductible	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS				
			COVERED AUTO SYMBOLS		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	CSL BI EA PER \$	COMP / OTC	42 46			\$
	42 47	BI EACH ACCIDENT \$		43 47			
	43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$	
FIRST PARTY BENEFITS	44 46	MED EXP \$ FUNERAL \$ WK LOSS \$ ACC DTH \$	COLLISION	42 46 43 47			\$
TORT OPTION	44 46	LTD FULL	TOWING & LABOR	46			\$
COMBINATION FIRST PARTY BEN	44 46	TOT BEN LMT \$ FU-NERAL \$ ACC DTH \$	TRAILER INTERCHANGE				
EXTRAORD MED BEN	44 46	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS RADIUS DEDUCTIBLE
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	COMP / OTC	48 49			
UNINSURED MOT STACKED NON-STKD	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 49			
UNDERINS MOT STACKED NON-STKD	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	48 49			\$
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF					
		EMPLOYEES VOLUNTEERS PARTNERS					
OTHER			COVERED AUTO SYMBOLS		PRIMARY SECONDARY		
COVERED AUTO SYMBOLS		(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	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$			63			68	
	64					64				
FIRST PARTY BENEFITS	65	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
	67	WK LOSS \$ ACC DTH \$		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
TORT OPTION	65	67	<input type="checkbox"/> LTD <input type="checkbox"/> FULL		64					
COMBINATION FIRST PARTY BEN	65	TOT BEN LMT \$ FU-NERAL \$ ACC DTH \$	COLLISION	62	67		\$			
	67			63	68					
EXTRAORD MED BEN	65	67		\$	64					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$			
	63	67			67					
UNINSURED MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-STKD	64			COMP / OTC	69					
UNDERINS MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	70					
	63	67	BI EACH ACCIDENT \$		69					
NON-STKD	64			70						
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
	NO		\$		70					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$							
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE							
	NO		NUMBER OF							
			EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER						
					COVERAGE IS:		PRIMARY		SECONDARY	

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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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