

ACORD™ TEXAS 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 \$					
PERSONAL INJURY PROTECTION	5	EACH PERSON \$	PHYSICAL DAMAGE				
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$					
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	TOWING & LABOR	3 7	\$		
	3 7		COMPREHENSIVE	2 4 8			
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$ DED					
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES			
		VOLUNTEERS					SPEC C OF L \$
		PARTNERS					COLL \$
		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	CSL BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
	42 47	BI EACH ACCIDENT \$		42 46			\$		
	43 50	PROPERTY DAMAGE \$		43 47					
PERSONAL INJURY PROTECTION	44	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	42 46	SCL	FT	LSP	\$	
	46	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$		43 47	F	FTW			
MEDICAL PAYMENTS	42 46	EACH PERSON \$	COLLISION	42 46				\$	
	43			43 47					
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43 45	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED	COMPREHENSIVE	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49					\$
	HIRED/BORROWED LIABILITY	YES STATES NO		48 49					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH		
		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	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67				\$	
	62	68	BI EACH ACCIDENT \$		63	68					
	63	71	PROPERTY DAMAGE \$		64						
	64										
PERSONAL INJURY PROTECTION	65		EACH PERSON \$	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$	
	67		AUTO DEATH INDEMNITY \$		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
			TOTAL DISABILITY \$		64						
				COLLISION	62	67				\$	
					63	68					
					64						
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63					\$	
	63	67			67						
UNINSURED/UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE \$ DED	COMPREHENSIVE	69						
					70						
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$	
	NO		\$		70						
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		COVERAGE IS:					PRIMARY	SECONDARY
	NO		NUMBER OF								
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER							

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES
 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. 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

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
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