



MARYLAND 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$ 2,500 PER PERSON WAIVER OF P.I.P.	PHYSICAL DAMAGE		
ADDITIONAL PERSONAL INJURY PROTECTION	5 7	\$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMPREHENSIVE	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST			COLLISION	2 4 8 3 7	
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 PARTNERS			COMP \$ SPEC C OF L \$ COLL \$
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 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE	42 46 43 47		\$
PERSONAL INJURY PROTECTION	44 46	\$ 2,500 PER PERSON WAIVER OF P.I.P.	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
ADDITIONAL PERSONAL INJURY PROTECTION	44 46	\$	COLLISION	42 46 43 47		\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46		\$
UNINSURED MOTORIST	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
			COMPREHENSIVE	48 49		
			SPECIFIED CAUSES OF LOSS	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS				
OTHER			OTHER			
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	<input type="checkbox"/> 61 <input type="checkbox"/> 67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	<input type="checkbox"/> 62 <input type="checkbox"/> 67			\$		
	<input type="checkbox"/> 62 <input type="checkbox"/> 68	BI EACH ACCIDENT \$		<input type="checkbox"/> 63 <input type="checkbox"/> 68					
	<input type="checkbox"/> 63 <input type="checkbox"/> 71	PROPERTY DAMAGE \$		<input type="checkbox"/> 64 <input type="checkbox"/> 68					
	<input type="checkbox"/> 64								
PERSONAL INJURY PROTECTION	<input type="checkbox"/> 65	\$ 2,500 PER PERSON	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62 <input type="checkbox"/> 67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP		\$		
	<input type="checkbox"/> 67	<input type="checkbox"/> WAIVER OF P.I.P.		<input type="checkbox"/> 63 <input type="checkbox"/> 68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
ADDITIONAL PERSONAL INJURY PROTECTION	<input type="checkbox"/> 65	\$	COLLISION	<input type="checkbox"/> 62 <input type="checkbox"/> 67			\$		
	<input type="checkbox"/> 67			<input type="checkbox"/> 63 <input type="checkbox"/> 68					
MEDICAL PAYMENTS	<input type="checkbox"/> 62 <input type="checkbox"/> 64	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 63		\$			
UNINSURED MOTORIST	<input type="checkbox"/> 62 <input type="checkbox"/> 66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	<input type="checkbox"/> 63 <input type="checkbox"/> 67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	<input type="checkbox"/> 64	PROPERTY DAMAGE \$	COMPREHENSIVE	<input type="checkbox"/> 69					
				<input type="checkbox"/> 70					
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 69					
				<input type="checkbox"/> 70					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	<input type="checkbox"/> 69					\$
				<input type="checkbox"/> 70					
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE		COVERAGE IS:		PRIMARY	SECONDARY		
		EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER			OTHER						

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 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.

IF I HAVE ELECTED TO WAIVE PERSONAL INJURY PROTECTION, I HAVE ALSO SIGNED THE MARYLAND AUTO SUPPLEMENT.

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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