



INDIANA 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	<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
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			PD \$	DED
UNDERINSURED 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 \$	<input type="checkbox"/> IF ANY BASIS
NON-OWNED LIABILITY	YES NO	STATES		GROUP TYPE	NUMBER OF
				<input type="checkbox"/> EMPLOYEES	
				<input type="checkbox"/> VOLUNTEERS	
				<input type="checkbox"/> PARTNERS	
			STATES	# DAYS	# VEH
			COVERAGE/Deductible		
			<input type="checkbox"/> COMP \$		
			<input type="checkbox"/> SPEC C OF L \$		
			<input type="checkbox"/> 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	<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 F 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		PD \$	COMPREHENSIVE	48 49					
UNDERINSURED MOTORIST	42	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49					
	43		BI EACH ACCIDENT \$	COLLISION	48 49					\$
	45									
NON-TRUCKERS HIRED/BORROWED	YES NO	STATES		COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS					
HIRED/BORROWED LIABILITY	YES NO	STATES		COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	STATES	# DAYS	# VEH		
NON-OWNED LIABILITY	YES NO	STATES		GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE				
				<input type="checkbox"/> EMPLOYEES						
				<input type="checkbox"/> VOLUNTEERS						
				<input type="checkbox"/> 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								
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
LIABILITY	61	67	CSL	BI EA PER \$	COMPREHENSIVE	62	67						
	62	68		BI EACH ACCIDENT \$		63	68						
	63	71		PROPERTY DAMAGE \$		64							
	64												
					SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP			\$
						63	68	F	FTW				
						64							
					COLLISION	62	67						\$
						63	68						
						64							
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63							\$
	63	67				67							
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE								
	63	67		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE		
	64			PD \$	COMPREHENSIVE	69							
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$		70							
	63	67		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69							
	64					70							
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE									
	NO			\$									\$
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE									
	NO			\$									
NON-OWNED LIABILITY	YES	STATES		GROUP TYPE									
	NO			EMPLOYEES	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
				VOLUNTEERS									
PARTNERS													
OTHER													

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

- I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. _____ (INITIALS)
- I REJECT UMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- I REJECT UIMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- I REJECT UMPD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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	NATIONAL PRODUCER NUMBER
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