

## ACORD 137 MA (2015/12) - MASSACHUSETTS COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 MA, Massachusetts Commercial Auto Coverages / Limits Section, is used to collect the coverage and limit information necessary to write Business Auto, Truckers or Motor Carrier insurance in this state. Required disclosure and coverage acceptance or rejection information is also included.

Use this form with ACORD 127, Business Auto Section, or ACORD 132, Truckers / Motor Carrier Section.

The following are the specific differences in this state.

- \* All coverages have been revised to reflect Massachusetts' unique requirements. Refer to your state manual.
- \* The Fair Credit Reporting Act and fraud statements are revised to comply with Massachusetts law and regulation.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BUSINESS AUTO	Bodily Injury Liability - 1	Check the box (if applicable): Indicates that any auto is covered.
BUSINESS AUTO	2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.

<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>9</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>BI Each Person</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>BI Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Compulsory Personal Injury Protection - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Per Person</b>	Enter limit: The personal injury protection (PIP) per person limit amount.
<b>BUSINESS AUTO</b>	<b>Ded</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
<b>BUSINESS AUTO</b>	<b>Yourself</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.
<b>BUSINESS AUTO</b>	<b>Yourself and Family Members</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
<b>BUSINESS AUTO</b>	<b>Compulsory: Damage to Someone Else's Property - 1</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>BUSINESS AUTO</b>	<b>2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.

<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>9</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Each Accident</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Optional Medical Payments - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>BUSINESS AUTO</b>	<b>Compulsory Uninsured Motorists - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>6</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>BUSINESS AUTO</b>	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>BUSINESS AUTO</b>	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>BUSINESS AUTO</b>	<b>Underinsured Motorists - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>6</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.
<b>BUSINESS AUTO</b>	<b>BI Each Accident</b>	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
<b>BUSINESS AUTO</b>	<b>Optional Bodily injury to Others - 1</b>	Check the box (if applicable): Indicates that any auto is covered.

<b>BUSINESS AUTO</b>	<b>2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>9</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The optional bodily injury to others per person limit amount.
<b>BUSINESS AUTO</b>	<b>BI Each Accident</b>	Enter limit: The optional bodily injury to others per accident limit amount.
<b>BUSINESS AUTO</b>	<b>Motorcycle Guest Occupant Exclusion</b>	Check the box (if applicable): Indicates guest occupant exclusion applies for motorcycles.
<b>BUSINESS AUTO</b>	<b>Optional Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>BUSINESS AUTO</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>BUSINESS AUTO</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>BUSINESS AUTO</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>BUSINESS AUTO</b>	<b>Optional Non-Owned Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies. As used here, enter state(s) where employees use their own autos in the operations of the applicant's business.
<b>BUSINESS AUTO</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.

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<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are non-owned.
<b>BUSINESS AUTO</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>BUSINESS AUTO</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>BUSINESS AUTO</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>BUSINESS AUTO</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
<b>BUSINESS AUTO</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Optional Towing &amp; Labor - 3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>BUSINESS AUTO</b>	<b>Optional Comprehensive - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Optional Specified Causes of Loss - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Optional Collision - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.

<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Optional Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO</b>	<b>Coverage / Deductible - Comp</b>	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.



<b>BUSINESS AUTO</b>	<b>Spec C of L</b>	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:  SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage. As used here, enter the deductible only if it is applicable to all vehicles.
<b>BUSINESS AUTO</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>BUSINESS AUTO</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>TRUCKERS</b>	<b>Bodily Injury Liability - 41</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>TRUCKERS</b>	<b>42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>TRUCKERS</b>	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>TRUCKERS</b>	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.

TRUCKERS	50	Check the box (if applicable): Indicates that non-owned autos only are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS	BI Each Person	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	Limit	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	BI Each Accident	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	Compulsory Personal Injury Protection - 44	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS	Per Person	Enter limit: The personal injury protection (PIP) per person limit amount.
TRUCKERS	Ded	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
TRUCKERS	Yourself	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.
TRUCKERS	Yourself and Family Members	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
TRUCKERS	Compulsory: Damage to Someone Else's Property - 41	Check the box (if applicable): Indicates that any auto is covered.
TRUCKERS	42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	50	Check the box (if applicable): Indicates that non-owned autos only are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Each Accident</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	<b>Optional Medical Payments - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Each Person</b>	Enter limit: The medical payments per person limit.
TRUCKERS	<b>Compulsory Uninsured Motorists - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>45</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
TRUCKERS	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
TRUCKERS	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.

TRUCKERS	<b>Underinsured Motorists - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>45</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.
TRUCKERS	<b>BI Each Accident</b>	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
TRUCKERS	<b>Optional Bodily injury to Others - 41</b>	Check the box (if applicable): Indicates that any auto is covered.
TRUCKERS	<b>42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	<b>50</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.

TRUCKERS	Limit	Enter limit: The optional bodily injury to others per person limit amount.
TRUCKERS	BI Each Accident	Enter limit: The optional bodily injury to others per accident limit amount.
TRUCKERS	Motorcycle Guest Occupant Exclusion	Check the box (if applicable): Indicates guest occupant exclusion applies for motorcycles.
TRUCKERS	Optional Non-Truckers Hired / Borrowed Liability - Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
TRUCKERS	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS	No	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
TRUCKERS	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS	If Any Basis	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
TRUCKERS	Optional Truckers Hired / Borrowed Liability - Yes	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
TRUCKERS	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS	No	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
TRUCKERS	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS	If Any Basis	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
TRUCKERS	Optional Non-Owned Liability - Yes	Check the box (if applicable): Indicates if non-owned coverage applies.
TRUCKERS	States	Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.

TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS	No	Check the box (if applicable): Indicates that non-owned coverage does not apply.
TRUCKERS	Group Type - Employees	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
TRUCKERS	Number of Employees	Enter number: The number of employees that use their own automobiles.
TRUCKERS	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
TRUCKERS	Number of Volunteers	Enter number: The number of volunteers that use their own automobiles.
TRUCKERS	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
TRUCKERS	Number of Partners	Enter number: The number of partners that use their own automobiles.
TRUCKERS	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
TRUCKERS	Optional Comprehensive - 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS	Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
TRUCKERS	Optional Specified Causes of Loss - 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.

TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
TRUCKERS	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
TRUCKERS	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
TRUCKERS	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
TRUCKERS	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
TRUCKERS	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage.
TRUCKERS	<b>Optional Collision - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Deductible</b>	Enter deductible: The collision deductible amount.
TRUCKERS	<b>Optional Towing &amp; Labor - 46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The towing and labor limit amount.
TRUCKERS	<b>Optional Comprehensive - 48</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.

TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS	Optional Specified Causes of Loss - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS	Optional Collision - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.



<b>TRUCKERS</b>	<b>Deductible</b>	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
<b>TRUCKERS</b>	<b>Trailer Value</b>	Enter amount: The trailer value as assigned by the trailer interchange agreement.
<b>TRUCKERS</b>	<b>Optional Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>TRUCKERS</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>TRUCKERS</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>TRUCKERS</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>TRUCKERS</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>TRUCKERS</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>TRUCKERS</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>MOTOR CARRIER SECTION</b>	<b>Bodily Injury Liability - 61</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>MOTOR CARRIER SECTION</b>	<b>62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>71</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Person</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Compulsory Personal Injury Protection - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Per Person</b>	Enter limit: The personal injury protection (PIP) per person limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Ded</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Yourself</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.

<b>MOTOR CARRIER SECTION</b>	<b>Yourself and Family Members</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
<b>MOTOR CARRIER SECTION</b>	<b>Compulsory: Damage to Someone Else's Property - 61</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>MOTOR CARRIER SECTION</b>	<b>62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>71</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Each Accident</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Optional Medical Payments - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>MOTOR CARRIER SECTION</b>	<b>Compulsory Uninsured Motorist - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.

<b>MOTOR CARRIER SECTION</b>	<b>66</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Underinsured Motorists - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>66</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.

<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Bodily injury to Others - 61</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>MOTOR CARRIER SECTION</b>	<b>62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>71</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The optional bodily injury to others per person limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The optional bodily injury to others per accident limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Motorcycle Guest Occupant Exclusion</b>	Check the box (if applicable): Indicates guest occupant exclusion applies for motorcycles.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Non-Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.

<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Non-Owned Auto Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.

<b>MOTOR CARRIER SECTION</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Comprehensive - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Specified Causes of Loss - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.

<b>MOTOR CARRIER SECTION</b>	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Collision - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The collision deductible amount.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Towing &amp; Labor - 63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Other Deductible</b>	Enter deductible: The deductible amount of the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Comprehensive - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.



<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Specified Causes of Loss - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Collision - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.

<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Trailer Value</b>	Enter amount: The trailer value as assigned by the trailer interchange agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Optional Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.