

ACORD 137 NJ (2015/12) - NEW JERSEY COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 NJ, New Jersey 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.

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

The following are the specific differences in this state:

- * Personal Injury Protection coverages have been revised to provide for unique New Jersey coverages. Refer to your State Manual.
- * Uninsured and Underinsured Motorists coverages are combined.
- * Comprehensive is referred to as "other than collision" coverage.
- * A state-specific fraud warning is included.

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	Liability 1	Check the box (if applicable): Indicates that any auto is covered.
BUSINESS AUTO	Liability 2	Check the box (if applicable): Indicates that owned autos only are covered.

BUSINESS AUTO	Liability 3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO	Liability 4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO	Liability 7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO	Liability 8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO	Liability 9	Check the box (if applicable): Indicates that non-owned autos only are covered.
BUSINESS AUTO	Liability Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO	Liability Other Symbol	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
BUSINESS AUTO	Limits - CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
BUSINESS AUTO	Limits - BI Ea Per	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
BUSINESS AUTO	Limit Amount	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).
BUSINESS AUTO	BI Ea 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).
BUSINESS AUTO	Property Damage (\$)	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).
BUSINESS AUTO	Personal Injury Protection 5	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
BUSINESS AUTO	Personal Injury Protection 7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO	Personal Injury Protection Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO	Personal Injury Protection Other Symbol	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
BUSINESS AUTO	Lawsuit Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has a lawsuit threshold.
BUSINESS AUTO	No Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has no lawsuit threshold.
BUSINESS AUTO	Medical Only	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense only option has been selected.

BUSINESS AUTO	Health Insurance Option Yes	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has been selected. This indicates that PIP medical benefits are secondary.
BUSINESS AUTO	Health Insurance Option No	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has not been selected.
BUSINESS AUTO	Medical Expense Amount	Enter limit: The personal injury protection (PIP) medical expense limit amount.
BUSINESS AUTO	Deductible	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
BUSINESS AUTO	Ext Medical Expense Each Person	Enter limit: The extended medical expense per person limit amount.
BUSINESS AUTO	Extra PIP Options Number of Relatives	Enter number: The additional personal injury protection (APIP) number of additional relatives being extended additional PIP.
BUSINESS AUTO	Uninsured / Underinsured Motorists 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO	Uninsured / Underinsured Motorists 3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO	Uninsured / Underinsured Motorists 4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO	Uninsured / Underinsured Motorists 6	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
BUSINESS AUTO	Uninsured / Underinsured Motorists 7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO	Uninsured / Underinsured Motorists Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO	Uninsured / Underinsured Motorists Other Symbol	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
BUSINESS AUTO	CSL (checkbox)	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
BUSINESS AUTO	BI Ea Per (checkbox)	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
BUSINESS AUTO	Amount	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.
BUSINESS AUTO	BI Each Accident (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.

BUSINESS AUTO	Property Damage (\$)	Enter limit: The uninsured / underinsured property damage limit amount.
BUSINESS AUTO	Hired / Borrowed Liability Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
BUSINESS AUTO	States	Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO	Hired / Borrowed Liability No	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
BUSINESS AUTO	If any Basis (checkbox)	Enter amount: The estimated amount it will cost to hire the vehicles.
BUSINESS AUTO	Cost of Hire	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.
BUSINESS AUTO	Non-Owned Liability Yes	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.
BUSINESS AUTO	States	Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO	Non-Owned Liability No	Check the box (if applicable): Indicates that non-owned coverage does not apply.
BUSINESS AUTO	Group Type - Employees	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
BUSINESS AUTO	Number of Employees	Enter number: The number of employees that use their own automobiles.
BUSINESS AUTO	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
BUSINESS AUTO	Number of Volunteers	Enter number: The number of volunteers that use their own automobiles.
BUSINESS AUTO	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.

BUSINESS AUTO	Number of Partners	Enter number: The number of partners that use their own automobiles.
BUSINESS AUTO	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).
BUSINESS AUTO	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
BUSINESS AUTO	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO	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).
BUSINESS AUTO	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
BUSINESS AUTO	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO	Towing & Labor 3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO	Towing & Labor 7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO	Towing & Labor Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO	Towing & Labor Other Symbol	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
BUSINESS AUTO	Limit (\$)	Enter limit: The towing and labor limit amount.
BUSINESS AUTO	Other Than Collision (OTC) 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO	Other Than Collision (OTC) 3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO	Other Than Collision (OTC) 4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO	Other Than Collision (OTC) 7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO	Other Than Collision (OTC) 8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO	Other Than Collision (OTC) Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

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

BUSINESS AUTO	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO	Hired Physical Damage States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO	Hired Physical Damage # Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
BUSINESS AUTO	Hired Physical Damage # Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
BUSINESS AUTO	Coverage / Deductible Comp (checkbox)	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
BUSINESS AUTO	Other Than Collision (OTC)	Enter deductible: The comprehensive or other than collision deductible amount.
BUSINESS AUTO	Specified Causes of Loss (checkbox)	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
BUSINESS AUTO	Specified Causes of Loss (\$)	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.
BUSINESS AUTO	Coll (checkbox)	Check the box (if applicable): Indicates the vehicle has collision coverage.
BUSINESS AUTO	Coll (\$)	Enter deductible: The collision deductible amount.
BUSINESS AUTO	Coverage is: Primary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a primary basis.
BUSINESS AUTO	Coverage is: Secondary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a secondary basis.

ENDORSEMENTS / REMARKS	Endorsements / Remarks	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.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	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.
SIGNATURE	National Producer Number	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.

Form Page 2

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).
TRUCKERS	Liability 41	Check the box (if applicable): Indicates that any auto is covered.
TRUCKERS	Liability 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	Liability 43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	Liability 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Liability 47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Liability 50	Check the box (if applicable): Indicates that non-owned autos only are covered.
TRUCKERS	Liability Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Liability Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	Limits - CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	Limits - BI Ea Per	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	Limit Amount	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 Ea 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	Property Damage (\$)	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	Personal Injury Protection 44	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS	Personal Injury Protection 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Personal Injury Protection Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Personal Injury Protection Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	Lawsuit Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has a lawsuit threshold.
TRUCKERS	No Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has no lawsuit threshold.
TRUCKERS	Medical Only	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense only option has been selected.
TRUCKERS	Health Insurance Option Yes	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has been selected. This indicates that PIP medical benefits are secondary.
TRUCKERS	Health Insurance Option No	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has not been selected.
TRUCKERS	Medical Expense Amount	Enter limit: The personal injury protection (PIP) medical expense limit amount.
TRUCKERS	Deductible	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
TRUCKERS	Ext Medical Expense Each Person	Enter limit: The extended medical expense per person limit amount.
TRUCKERS	Extra PIP Options Number of Relatives	Enter number: The additional personal injury protection (APIP) number of additional relatives being extended additional PIP.
TRUCKERS	Uninsured / Underinsured Motorists 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	Uninsured / Underinsured Motorists 43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	Uninsured / Underinsured Motorists 45	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.

TRUCKERS	Uninsured / Underinsured Motorists 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Uninsured / Underinsured Motorists Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Uninsured / Underinsured Motorists Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	CSL (checkbox)	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	BI Ea Per (checkbox)	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	Amount	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.
TRUCKERS	BI Each Accident (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.
TRUCKERS	Property Damage (\$)	Enter limit: The uninsured / underinsured property damage limit amount.
TRUCKERS	Non-Truckers Hired / Borrowed Liability Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
TRUCKERS	Non-Truckers Hired / Borrowed Liability 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	Non-Truckers Hired / Borrowed Liability 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 (checkbox)	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	Truckers Hired / Borrowed Liability Yes	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
TRUCKERS	Truckers Hired / Borrowed Liability 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	Truckers Hired / Borrowed Liability 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 (checkbox)	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	Non-Owned Auto Liability Yes	Check the box (if applicable): Indicates if non-owned coverage applies.
TRUCKERS	Non-Owned Auto Liability 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		Enter code: Indicates a state where autos are non-owned.
TRUCKERS	Non-Owned Auto Liability 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	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	Other Than Collision (OTC) 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	Other Than Collision (OTC) 43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	Other Than Collision (OTC) 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Other Than Collision (OTC) 47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Other Than Collision (OTC) Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Than Collision (OTC) Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	Other Than Collision (OTC) Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
TRUCKERS	Specified Causes of Loss 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	Specified Causes of Loss 43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	Specified Causes of Loss 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Specified Causes of Loss 47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Specified Causes of Loss Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Specified Causes of Loss Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	SCL	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.

TRUCKERS	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
TRUCKERS	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
TRUCKERS	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
TRUCKERS	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
TRUCKERS	Deductible (\$)	Enter deductible: The deductible associated with specified causes of loss coverage.
TRUCKERS	Collision 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	Collision 43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	Collision 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Collision 47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Collision Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Collision Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	Collision Deductible	Enter deductible: The collision deductible amount.
TRUCKERS	Towing & Labor 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Towing & Labor Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Towing & Labor Other Symbol	Enter code: The symbol code for the coverage.
TRUCKERS	Towing & Labor Limit	Enter limit: The towing and labor limit amount.
TRUCKERS	Other Than Collision (OTC) 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	Other Than Collision (OTC) 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	Specified Causes of Loss 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	Specified Causes of Loss 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	Collision 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	Collision 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	Deductible (\$)	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
TRUCKERS	Trailer Value	Enter amount: The trailer value as assigned by the trailer interchange agreement.
TRUCKERS	Hired Physical Damage States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.

TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS	Hired Physical Damage # Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
TRUCKERS	Hired Physical Damage # Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
TRUCKERS	Coverage is: Primary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a primary basis.
TRUCKERS	Coverage is: Secondary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
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.
ENDORSEMENTS / REMARKS	Endorsements / Remarks	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.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	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.
SIGNATURE	National Producer Number	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.

Form Page 3

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).
MOTOR CARRIER SECTION	Liability 61	Check the box (if applicable): Indicates that any auto is covered.
MOTOR CARRIER SECTION	Liability 62	Check the box (if applicable): Indicates that owned autos only are covered.

MOTOR CARRIER SECTION	Liability 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Liability 64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	Liability 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Liability 68	Check the box (if applicable): Indicates that hired autos only are covered.
MOTOR CARRIER SECTION	Liability 71	Check the box (if applicable): Indicates that non-owned autos only are covered.
MOTOR CARRIER SECTION	Liability Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Liability Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	Limits - CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
MOTOR CARRIER SECTION	Limits - BI Ea Per	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
MOTOR CARRIER SECTION	Limit Amount	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).
MOTOR CARRIER SECTION	BI Ea 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).
MOTOR CARRIER SECTION	Property Damage (\$)	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).
MOTOR CARRIER SECTION	Personal Injury Protection 65	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
MOTOR CARRIER SECTION	Personal Injury Protection 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Personal Injury Protection Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Personal Injury Protection Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	Lawsuit Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has a lawsuit threshold.
MOTOR CARRIER SECTION	Medical Only	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense only option has been selected.
MOTOR CARRIER SECTION	No Threshold	Check the box (if applicable): Indicates the personal injury protection (PIP) has no lawsuit threshold.

MOTOR CARRIER SECTION	Health Insurance Option Yes	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has been selected. This indicates that PIP medical benefits are secondary.
MOTOR CARRIER SECTION	Health Insurance Option NO	Check the box (if applicable): Indicates the personal injury protection (PIP) health insurance option has not been selected.
MOTOR CARRIER SECTION	Medical Expense Amount	Enter limit: The personal injury protection (PIP) medical expense limit amount.
MOTOR CARRIER SECTION	Deductible	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
MOTOR CARRIER SECTION	Ext Medical Expense Each Person	Enter limit: The extended medical expense per person limit amount.
MOTOR CARRIER SECTION	Extra PIP Options Number of Relatives	Enter number: The additional personal injury protection (APIP) number of additional relatives being extended additional PIP.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists 64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists 66	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Uninsured / Underinsured Motorists Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	CSL (checkbox)	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
MOTOR CARRIER SECTION	BI Ea Per (checkbox)	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
MOTOR CARRIER SECTION	Amount	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.
MOTOR CARRIER SECTION	BI Each Accident (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.

MOTOR CARRIER SECTION	Property Damage (\$)	Enter limit: The uninsured / underinsured property damage limit amount.
MOTOR CARRIER SECTION	Non-Truckers Hired / Borrowed Liability Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
MOTOR CARRIER SECTION	Non-Truckers Hired / Borrowed Liability States	Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION	Non-Truckers Hired / Borrowed Liability No	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
MOTOR CARRIER SECTION	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
MOTOR CARRIER SECTION	If any Basis (checkbox)	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.
MOTOR CARRIER SECTION	Truckers Hired / Borrowed Liability Yes	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
MOTOR CARRIER SECTION	Truckers Hired / Borrowed Liability States	Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired or borrowed.
MOTOR CARRIER SECTION	Truckers Hired / Borrowed Liability No	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
MOTOR CARRIER SECTION	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
MOTOR CARRIER SECTION	If any Basis (checkbox)	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.
MOTOR CARRIER SECTION	Non-Owned Auto Liability Yes	Check the box (if applicable): Indicates if non-owned coverage applies.
MOTOR CARRIER SECTION	Non-Owned Auto Liability States	Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.

MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are non-owned.
MOTOR CARRIER SECTION	Non-Owned Auto Liability No	Check the box (if applicable): Indicates that non-owned coverage does not apply.
MOTOR CARRIER SECTION	Group Type Employees (checkbox)	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
MOTOR CARRIER SECTION	Employees (#)	Enter number: The number of employees that use their own automobiles.
MOTOR CARRIER SECTION	Volunteers (checkbox)	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
MOTOR CARRIER SECTION	Volunteers (#)	Enter number: The number of volunteers that use their own automobiles.
MOTOR CARRIER SECTION	Partners (checkbox)	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
MOTOR CARRIER SECTION	Partners (#)	Enter number: The number of partners that use their own automobiles.
MOTOR CARRIER SECTION	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).
MOTOR CARRIER SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
MOTOR CARRIER SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 68	Check the box (if applicable): Indicates that hired autos only are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

MOTOR CARRIER SECTION	Other Than Collision (OTC) Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	Other Than Collision (OTC) Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
MOTOR CARRIER SECTION	Specified Causes of Loss 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss 64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss 68	Check the box (if applicable): Indicates that hired autos only are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Specified Causes of Loss Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	SCL	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
MOTOR CARRIER SECTION	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
MOTOR CARRIER SECTION	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
MOTOR CARRIER SECTION	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
MOTOR CARRIER SECTION	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
MOTOR CARRIER SECTION	Deductible (\$)	Enter deductible: The deductible associated with specified causes of loss coverage.
MOTOR CARRIER SECTION	Collision 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	Collision 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Collision 64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	Collision 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Collision 68	Check the box (if applicable): Indicates that hired autos only are covered.
MOTOR CARRIER SECTION	Collision Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Collision Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	Collision Deductible	Enter deductible: The collision deductible amount.

MOTOR CARRIER SECTION	Towing & Labor 63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	Towing & Labor 67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	Towing & Labor Other	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
MOTOR CARRIER SECTION	Towing & Labor Other Symbol	Enter code: The symbol code for the coverage.
MOTOR CARRIER SECTION	Towing & Labor Limit Amt	Enter limit: The towing and labor limit amount.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 69	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
MOTOR CARRIER SECTION	Other Than Collision (OTC) 70	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
MOTOR CARRIER SECTION	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
MOTOR CARRIER SECTION	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
MOTOR CARRIER SECTION	# 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.
MOTOR CARRIER SECTION	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
MOTOR CARRIER SECTION	Specified Causes of Loss 69	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
MOTOR CARRIER SECTION	Specified Causes of Loss 70	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
MOTOR CARRIER SECTION	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
MOTOR CARRIER SECTION	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
MOTOR CARRIER SECTION	# 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.
MOTOR CARRIER SECTION	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
MOTOR CARRIER SECTION	Collision 69	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.

MOTOR CARRIER SECTION	Collision 70	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
MOTOR CARRIER SECTION	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
MOTOR CARRIER SECTION	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
MOTOR CARRIER SECTION	# 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.
MOTOR CARRIER SECTION	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
MOTOR CARRIER SECTION	Deductible (\$)	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
MOTOR CARRIER	Trailer Value	Enter amount: The trailer value as assigned by the trailer interchange agreement.
MOTOR CARRIER SECTION	Hired Physical Damage States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
MOTOR CARRIER SECTION	Hired Physical Damage # Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
MOTOR CARRIER SECTION	Hired Physical Damage # Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
MOTOR CARRIER SECTION	Coverage is: Primary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a primary basis.
MOTOR CARRIER SECTION	Coverage is: Secondary (Checkbox)	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
MOTOR CARRIER SECTION	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).
MOTOR CARRIER SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.

MOTOR CARRIER SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
ENDORSEMENTS / REMARKS	Endorsements / Remarks	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.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	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.
SIGNATURE	National Producer Number	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.