I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGE HAS BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. __________________ (INITIALS)
2. I REJECT THESE COVERAGE ENTIRELY. __________________ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.
AGENCY CUSTOMER ID: 

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1.  I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. __________ (INITIALS)
2.  I REJECT THESE COVERAGES ENTIRELY. __________ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE __________ DATE __________ PRODUCER'S SIGNATURE __________ NATIONAL PRODUCER NUMBER __________

ACORD 137 SD (2015/12)
ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: ____________________________

MOTOR CARRIER SECTION

COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE
--- | --- | ---
LIABILITY | 61 67 | CSL BI EACH ACCIDENT $ | COMP / OTC 62 67
 | 62 68 | PROPERTY DAMAGE $ | 63 68
 | 63 71 | BI EACH ACCIDENT $ | 64
SUPPLEMENTAL AUTO COVERAGE | 65 67 | $10,000 EA PER TOTAL DISABILITY BENEFITS AUTO DEATH BEN $ | SPECIFIED CAUSES OF LOSS 62 67
 | 66 67 | AUTO DEATH BEN $ | SCL 63 68
 | 67 | TOTAL DISABILITY BENEFITS $10,000 EA PER | FT 64
 | 68 | PER PERSON - NOT CAREFULLY EMPLOYED $ | LSP
 | 69 | CAREFULLY EMPLOYED $30 | FTW

COLLISION | 62 67 | EACH PERSON $ | 63 68
 | 64 | EACH PERSON $ | 67

MEDICAL PAYMENTS | 62 64 | CSI BI EACH ACCIDENT $ | COMP / OTC 69
 | 63 67 | EACH PERSON $ | 70

UNINSURED MOTORIST | 62 66 | CSL BI EACH ACCIDENT $ | COMP / OTC 69
 | 63 67 | BI EACH ACCIDENT $ | 70
 | 64 | BI EACH ACCIDENT $ | 70

UNDERINSURED MOTORIST | 62 66 | CSL BI EACH ACCIDENT $ | SPECIFIED CAUSES OF LOSS 69
 | 63 67 | BI EACH ACCIDENT $ | 70
 | 64 | BI EACH ACCIDENT $ | 70

NON-TRUCKERS HIRED / BORROWED | YES | STATES $ COST OF HIRE IF ANY BASIS | TRAILER VALUE $ | STATES # DAYS # VEH

TRUCKERS HIRED / BORROWED LIABILITY | YES | STATES $ COST OF HIRE IF ANY BASIS |
NO | STATES $ COST OF HIRE IF ANY BASIS |

NON-OWNED AUTO LIABILITY | YES | STATES GROUP TYPE NUMBER OF HIRED PHYSICAL DAMAGE
NO | STATES GROUP TYPE NUMBER OF HIRED PHYSICAL DAMAGE

OTHER | COVERAGE IS: PRIMARY SECONDARY

COVERED AUTO SYMBOLS
(61) ANY AUTO
(62) OWNED COMMERCIAL AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY
(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPL.
(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. (INITIALS)
2. I REJECT THESE COVERAGES ENTIRELY. (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE ____________________________
DATE ____________
PRODUCER'S SIGNATURE ____________________________
NATIONAL PRODUCER NUMBER ____________________________

ACORD 137 SD (2015/12) Page 3 of 3