**WASHINGTON COMMERCIAL AUTO COVERAGES / LIMITS SECTION**

### BUSINESS AUTO SECTION

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>COVERAGES</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIABILITY</td>
<td>1 4 9</td>
<td>CSL</td>
<td>2 7 8</td>
<td>BI EACH ACCIDENT</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BI EA PER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROPERTY DAMAGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL INJURY PROTECTION</td>
<td>2 7</td>
<td>MEDICAL EXPENSE $</td>
<td>SERVICE LOSS $</td>
<td>INCOME CONTINU $</td>
<td>FUNERAL EXPENSE $</td>
</tr>
<tr>
<td>ADD'L PERSONAL INJURY PROTECTION</td>
<td>2 7</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL PAYMENTS</td>
<td>2 4 6</td>
<td>EACH PERSON $</td>
<td>SPECIFIED CAUSES OF LOSS</td>
<td>2 4 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 7</td>
<td></td>
<td>3 7</td>
<td>COLLISION</td>
<td>2 4 8</td>
</tr>
<tr>
<td>UNDERINSURED MOTORIST</td>
<td>2 6</td>
<td>CSL BI EA PER $</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIRED / BORROWED LIABILITY</td>
<td>YES</td>
<td>STATES $</td>
<td>IF ANY BASIS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>NON-OWNED LIABILITY</td>
<td>YES</td>
<td>STATES GROUP TYPE</td>
<td>NUMBER OF EMPLOYEES</td>
<td>VOLUNTEERS</td>
<td>PARTNERS</td>
</tr>
</tbody>
</table>

### ADDITIONAL COVERAGES

- **PHYSICAL DAMAGE**
  - TOWING & LABOR 3 7 |
  - COMP / OTC 2 4 8
  - 3 7

- **MEDICAL EXPENSE**
  - $ 8

- **SERVICE LOSS**
  - $ 7

- **INCOME CONTINU**
  - $ 4

- **FUNERAL EXPENSE**
  - $ 3

- **AUTO LOAN**
  - 2 4 8

### COVERAGE / DEDUCTIBLE

- **COMP**
  - $ 7

- **SPEC C OF L**
  - $ 3

- **COLL**
  - $ 2

### STATES

- **# DAYS**
  - 5 6 7

- **# VEH**
  - 8

### COVERAGE IS:

- **PRIMARY**
  - 1 2 3

- **SECONDARY**
  - 4 5 6

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

### SIGNATURE

**PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.**

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.**

1. **I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE**
   - (INITIALS)

2. **I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE**
   - (INITIALS)

3. **I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE**
   - (INITIALS)

4. **I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE.**
   - (INITIALS)

5. **I HAVE REJECTED UIM BI COVERAGE**
   - (INITIALS)

6. **I HAVE REJECTED UIM PD COVERAGE**
   - (INITIALS)

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

**COVERAGES**

<table>
<thead>
<tr>
<th>Covered Auto Symbols</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>CSL BI EA PER $</td>
</tr>
<tr>
<td>46</td>
<td>EACH PERSON $</td>
</tr>
<tr>
<td>42</td>
<td>47 BI EACH ACCIDENT $</td>
</tr>
<tr>
<td>43</td>
<td>50 PROPERTY DAMAGE $</td>
</tr>
</tbody>
</table>

**Liability**

- **Personal Injury Protection**
  - 44 MEDICAL EXPENSE $ | 45 CONTIN $
  - 46 SERVICE LOSS $ |
- **AD&D Personal Injury Protection**
  - 44 $ |
- **Medical Payments**
  - 42 46 EACH PERSON $ |

**Underinsured Motorist**

- **Non-Truckers Hired/Borrowed**
  - YES STATES COST OF HIRE $ IF ANY BASIS |
- **Truckers Hired/Borrowed Liability**
  - YES STATES COST OF HIRE $ IF ANY BASIS |
- **Non-Owned Auto Liability**
  - YES STATES GROUP TYPE EMPLOYEES |
  - VOLUNTEERS |
  - PARTNERS |

**Other**

- **Trailing & Labor**
  - 46 $ |
- **Auto Loan**
  - 42 47 $ |

**Specific Causes of Loss**

- **Collision**
  - 42 43 47 $ |

**Other**

- **Endorsements / Remarks (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

### SIGNATURE

**Personal Information About You, May Be Collected From Persons Other Than You. In Connection With This Application For Insurance and Subsequent Renewals. Such Information As Well As Other Personal and Privileged Information Collected By Us or Our Agents May in Certain Circumstances Be Disclosed To Third Parties Without Your Authorization. You Have The Right to Review Your Personal Information in Our Files and Can Request Correction of Any Inaccuracies. A More Detailed Description of Your Rights and Our Practices Regarding Such Information Is Available Upon Request. Contact Your Agent or Broker for Instructions on How to Submit a Request to Us.**

**Underinsured Motorists Coverage Statement:** I have been offered underinsured motorist coverage (UIM) up to the limits of my bodily injury liability (BI) and property damage liability (PD) coverage.

1. I have selected UIM limits equal to my BI and PD coverage [INITIALS]
2. I have selected UIM BI limits equal to my BI coverage, but UIM PD limits lower than my PD coverage [INITIALS]
3. I have selected UIM BI limits lower than my BI coverage, but UIM PD limits equal to my PD coverage [INITIALS]
4. I have selected UIM BI limits and UIM PD limits lower than my BI and PD coverage [INITIALS]
5. I have rejected UIM BI coverage [INITIALS] 6. I have rejected UIM PD coverage [INITIALS]

**I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.**

**Applicant’s Signature**

**Date**

**Producer’s Signature**

**National Producer Number**

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## MOTOR CARRIER SECTION

### COVERED AUTO SYMBOLS

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>61</td>
<td>CSL</td>
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<tr>
<td>67</td>
<td>BI PER</td>
</tr>
<tr>
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<td>BI</td>
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<tr>
<td>68</td>
<td>EACH ACCIDENT</td>
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<tr>
<td>63</td>
<td>PROPERTY DAMAGE</td>
</tr>
<tr>
<td>64</td>
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### PHYSICAL DAMAGE

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>DEDUCTIBLE</th>
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</thead>
<tbody>
<tr>
<td>COMP / OTC</td>
<td>62</td>
<td>67</td>
</tr>
<tr>
<td>FT</td>
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<td>68</td>
</tr>
<tr>
<td>SCL</td>
<td>64</td>
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<td>FTW</td>
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### PERSONAL INJURY PROTECTION

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
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<tbody>
<tr>
<td>65</td>
<td>MEDICAL EXPENSE</td>
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<td>INCOME CONTIN</td>
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<td>67</td>
<td>SERVICE LOSS</td>
</tr>
<tr>
<td>68</td>
<td>FUNERAL EXPENSE</td>
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</tbody>
</table>

### SPECIFIED CAUSES OF LOSS

- COMP / OTC: 62, 67
- SCL: 63, 68
- FT: 64
- FTW: 64

### ADDL PERSONAL INJURY PROTECTION

<table>
<thead>
<tr>
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</thead>
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<tr>
<td>66</td>
<td></td>
</tr>
<tr>
<td>67</td>
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</tr>
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</table>

### MEDICAL PAYMENTS

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<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
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<tbody>
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<td>62</td>
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<tr>
<td>63</td>
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</tr>
</tbody>
</table>

### TOWING & LABOR

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>62</td>
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</tr>
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</tbody>
</table>

### AUTO LOAN

<table>
<thead>
<tr>
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<th>LIMITS</th>
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### TRAILER INTERCHANGE

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</thead>
<tbody>
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<tr>
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<td></td>
</tr>
<tr>
<td>64</td>
<td></td>
</tr>
</tbody>
</table>

### UNDERINSURED MOTORIST

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>CSL</td>
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<tr>
<td>66</td>
<td>BI PER</td>
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<tr>
<td>63</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>BI EACH ACCIDENT</td>
</tr>
<tr>
<td>64</td>
<td>PROPERTY DAMAGE</td>
</tr>
</tbody>
</table>

### NON-TRUCKERS HIRED / BORROWED

- STATES: YES
- COST OF HIRE: IF ANY BASIS
- STATES: NO
- COST OF HIRE: $0

### TRUCKERS HIRED / BORROWED LIABILITY

- STATES: YES
- COST OF HIRE: IF ANY BASIS
- STATES: NO
- COST OF HIRE: $0

### NON-OWNED AUTO LIABILITY

- STATES: YES
- GROUP TYPE: NUMBER OF
- STATES: NO
- EMPLOYEES
- VOLUNTEERS
- PARTNERS

### COVERED AUTO SYMBOLS

- (61) ANY AUTO
- (62) OWNED AUTOS ONLY
- (63) OWNED PRIVATE PASS AUTOS ONLY
- (64) OWNED COMMERCIAL AUTOS ONLY
- (65) OWNED AUTOS SUBJECT TO NO-FAULT
- (66) OWNED AUTOS SUBJECT TO A COMPLI-
- (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

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2. I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE
3. I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE
4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE
5. I HAVE REJECTED UIM BI COVERAGE
6. I HAVE REJECTED UIM PD COVERAGE

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

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

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MANDATORY OFFER OF
PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_____ Health and Hospital Benefits: $10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_____ Funeral Benefits: $2,000 per each insured for funeral expenses.

_____ Income Continuation: Up to $10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of $200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to $_______ per each insured, subject to a limit of $_______ per day, not to exceed $_______ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_____ Health and Hospital Benefits: $35,000 per each insured instead of $10,000.

_____ Income Continuation: Up to $35,000 per each insured instead of $10,000, subject to the lesser of $700 per week (instead of $200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to $_______ per each insured, subject to a limit of $_______ per day, not to exceed $_______ per week.

Rejection of Coverage:

_____ I reject Personal Injury Protection Coverage in its entirety.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature ___________________________________________ Date _________________