



FLORIDA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	\$10,000 BASIC DED AP-PLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL	PHYSICAL DAMAGE		
	7	DED: \$250 \$500 \$1000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL			
EXTENDED P.I.P.	5 7	INCLUDE WK LOSS EXCLUDE WK LOSS	TOWING & LABOR	3 7	\$
ADDITIONAL P.I.P.	5 7	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS		2 4 8	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMPREHENSIVE	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$		COLLISION	2 4 8
	3 7	BI EACH ACCIDENT \$	3 7		
	4				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS		COMP \$ SPEC C OF L \$ COLL \$	
			COVERAGE IS:		PRIMARY SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE				
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46			
	42 47	BI EACH ACCIDENT \$		43 47			\$
	43 50	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	44	\$10,000 BASIC DED AP-PLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		\$
	46	DED: \$250 \$500 \$1000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL		43 47	F FTW		
EXTENDED P.I.P.	44 46	INCLUDE WK LOSS EXCLUDE WK LOSS	TOWING & LABOR	42 46			
ADDITIONAL P.I.P.	44 46	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS		43 47			\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TRAILER INTERCHANGE				
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48			
	43	BI EACH ACCIDENT \$		49			
	45						
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
	YES STATES NO	COST OF HIRE IF ANY BASIS \$					
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	OTHER	COVERAGE IS:	PRIMARY SECONDARY		
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS					
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	<input type="checkbox"/> 62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64				\$		
	62	68	BI EACH ACCIDENT \$								
	63	71	PROPERTY DAMAGE \$								
	64										
PERSONAL INJURY PROTECTION	65		\$10,000 BASIC DED AP-PLIES TO: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW			\$		
	67		DED: \$250 \$500 \$1000 WK LOSS EXCL: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL								
EXTENDED P.I.P.	65	67	<input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS	COLLISION	<input type="checkbox"/> 62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64				\$		
ADDITIONAL P.I.P.	65	67	OPTION#: \$ <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS								
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 63 <input type="checkbox"/> 67				\$		
	63	67									
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64			COMPREHENSIVE	<input type="checkbox"/> 69 <input type="checkbox"/> 70						
				SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 69 <input type="checkbox"/> 70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	<input type="checkbox"/> 69 <input type="checkbox"/> 70					\$	
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS								
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE							
			EMPLOYEES								NUMBER OF
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER							
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY											

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

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
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