



# MISSOURI COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

|        |                                 |
|--------|---------------------------------|
| AGENCY | APPLICANT (First Named Insured) |
|--------|---------------------------------|

**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 \$  |                          |   |                     |
| <b>PHYSICAL DAMAGE</b>      |  |   |                          |   |                     |
|                             |  |   | TOWING & LABOR           | 3 7   | \$                  |
|                             |  |   | COMP / OTC               | 2 4 8<br>3 7  |                     |
| MEDICAL PAYMENTS            | 2 4 8<br>3 7   | EACH PERSON \$  | SPECIFIED CAUSES OF LOSS | 2 4 8<br>3 7  |                     |
| UNINSURED MOTORIST          | 2 6<br>3 7<br>4  | CSL BI EA PER \$<br>BI EACH ACCIDENT \$   | COLLISION                | 2 4 8<br>3 7  |                     |
| UNDERINSURED MOTORIST       | 2 6<br>3 7<br>4  | CSL BI EA PER \$<br>BI EACH ACCIDENT \$   |                          |   |                     |
| HIRED/BORROWED LIABILITY    | YES STATES<br>NO   | COST OF HIRE \$ IF ANY BASIS  | HIRED PHYSICAL DAMAGE    | STATES # DAYS # VEH   | COVERAGE/DEDUCTIBLE |
| NON-OWNED LIABILITY         | YES STATES<br>NO   | GROUP TYPE NUMBER OF  |                          |   |                     |
|                             |  | EMPLOYEES<br>VOLUNTEERS<br>PARTNERS   |                          |   |                     |
|                             |  |   |                          | COVERAGE IS:  | PRIMARY SECONDARY   |
| <b>COVERED AUTO SYMBOLS</b> | (1) ANY AUTO<br>(2) ALL OWNED AUTOS<br>(3) OWNED PRIVATE PASSENGER AUTOS | (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER<br>(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE<br>(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW |                          | (7) AUTOS SPECIFIED ON SCHEDULE<br>(8) HIRED AUTOS<br>(9) NON-OWNED AUTOS |                     |

**TRUCKERS SECTION**

| COVERAGES                         | COVERED AUTO SYMBOLS   | LIMITS  | PHYSICAL DAMAGE  |  |                   |            |                          |                     |
|-----------------------------------|--|---|--|--|-------------------|------------|--------------------------|---------------------|
| LIABILITY                         | 41 46  | CSL BI EA PER \$  | COVERAGES  | COVERED AUTO SYMBOLS   |                   | LIMITS     | DEDUCTIBLE               |                     |
|                                   | 42 47  | BI EACH ACCIDENT \$   |  | COMP / OTC   | 42 46<br>43 47    |            |                          | \$                  |
|                                   | 43 50  | PROPERTY DAMAGE \$  |  | SPECIFIED CAUSES OF LOSS   | 42 46<br>43 47    |            |                          | SCL FT LSP<br>F FTW |
|                                   |  |   | COLLISION  | 42 46<br>43 47   |                   | \$         |                          |                     |
| MEDICAL PAYMENTS                  | 42 46<br>43  | EACH PERSON \$  | TOWING & LABOR   | 46   | \$                |            |                          |                     |
| UNINSURED MOTORIST                | 42 46<br>43 45   | CSL BI EA PER \$<br>BI EACH ACCIDENT \$   | <b>TRAILER INTERCHANGE</b>   |  |                   |            |                          |                     |
|                                   |  |   | COVERAGES  | SYMBOL   | # TRAILERS        | FARTH ZONE | # DAYS RADIUS DEDUCTIBLE |                     |
| UNDERINSURED MOTORIST             | 42 46<br>43 45   | CSL BI EA PER \$<br>BI EACH ACCIDENT \$   | COMP / OTC   | 48 49  |                   |            |                          |                     |
|                                   |  |   | SPECIFIED CAUSES OF LOSS   | 48 49  |                   |            |                          |                     |
| NON-TRUCKERS HIRED/BORROWED       | YES STATES<br>NO   | COST OF HIRE \$ IF ANY BASIS  | COLLISION  | 48 49  |                   |            | \$                       |                     |
| TRUCKERS HIRED/BORROWED LIABILITY | YES STATES<br>NO   | COST OF HIRE \$ IF ANY BASIS  | HIRED PHYSICAL DAMAGE  | STATES # DAYS # VEH  |                   |            |                          |                     |
| NON-OWNED AUTO LIABILITY          | YES STATES<br>NO   | GROUP TYPE NUMBER OF  |  |  |                   |            |                          |                     |
|                                   |  | EMPLOYEES<br>VOLUNTEERS<br>PARTNERS   |  |  |                   |            |                          |                     |
|                                   |  |   |  | COVERAGE IS:   | PRIMARY SECONDARY |            |                          |                     |
| OTHER                             |  |   | OTHER  |  |                   |            |                          |                     |
| <b>COVERED AUTO SYMBOLS</b>       | (41) ANY AUTO<br>(42) OWNED AUTOS ONLY<br>(43) OWNED COMMERCIAL AUTOS ONLY | (44) OWNED AUTOS SUBJECT TO NO-FAULT<br>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (46) SPECIFICALLY DESCRIBED AUTOS<br>(47) HIRED AUTOS ONLY<br>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT<br>(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 \$     | COVERAGES   | COVERED AUTO SYMBOLS |   | LIMITS  | DEDUCTIBLE |        |            |  |
|                                    | 62   | 68  | BI EACH ACCIDENT \$  |   | COMP / OTC           | 62  |   |            | 67     |            |  |
|                                    | 63   | 71  | PROPERTY DAMAGE \$   |   |                      | 63  |   |            | 68     |            |  |
|                                    | 64   |   |  |   |                      | 64  |   |            |        |            |  |
|                                    |  |   | SPECIFIED CAUSES OF LOSS   | 62  |                      | 67  | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP | \$         |        |            |  |
|                                    |  |   |  | 63  | 68                   | <input type="checkbox"/> F <input type="checkbox"/> FTW |   |            |        |            |  |
|                                    |  |   |  | 64  |                      |   |   |            |        |            |  |
|                                    |  |   | COLLISION  | 62  | 67                   |   | \$  |            |        |            |  |
|                                    |  |   |  | 63  | 68                   |   |   |            |        |            |  |
|                                    |  |   |  | 64  |                      |   |   |            |        |            |  |
| MEDICAL PAYMENTS                   | 62   | 64  | EACH PERSON \$   | TOWING & LABOR  | 63                   |   | \$  |            |        |            |  |
|                                    | 63   | 67  |  |   | 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  | FARTH ZONE  | # DAYS     | RADIUS | DEDUCTIBLE |  |
|                                    | 64   |   |  | COMP / OTC  | 69                   |   |   |            |        |            |  |
| UNDERINSURED MOTORIST              | 62   | 66  | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$     |   | 70                   |   |   |            |        |            |  |
|                                    | 63   | 67  | BI EACH ACCIDENT \$  | SPECIFIED CAUSES OF LOSS  | 69                   |   |   |            |        |            |  |
|                                    | 64   |   |  |   | 70                   |   |   |            |        |            |  |
| NON-TRUCKERS HIRED/BORROWED        | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES  | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS                  | COLLISION   | 69                   |   |   |            |        | \$         |  |
|                                    |  |   |  |   | 70                   |   |   |            |        |            |  |
| TRUCKERS HIRED/BORROWED LIABILITY  | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES  | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS                  | HIRED PHYSICAL DAMAGE   | STATES               | # DAYS  | # VEH   |            |        |            |  |
| NON-OWNED AUTO LIABILITY           | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES  | GROUP TYPE   |   |                      |   |   |            |        |            |  |
|                                    |  |   | EMPLOYEES  |   | NUMBER OF            |   |   |            |        |            |  |
|                                    |  |   | VOLUNTEERS   |   |                      |   |   |            |        |            |  |
|                                    |  |   | PARTNERS   |   |                      |   |   |            |        |            |  |
| OTHER                              |  |   |  | OTHER   |                      |   |   |            |        |            |  |
| COVERED AUTO SYMBOLS               |  | (64) OWNED COMMERCIAL AUTOS ONLY                                | (67) SPECIFICALLY DESCRIBED AUTOS                                      | (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT |                      |   |   |            |        |            |  |
| (61) ANY AUTO                      |  | (65) OWNED AUTOS SUBJECT TO NO-FAULT                            | (68) HIRED AUTOS ONLY  | (71) NON-OWNED AUTOS ONLY   |                      |   |   |            |        |            |  |
| (62) OWNED AUTOS ONLY              |  | (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT |   |                      |   |   |            |        |            |  |
| (63) OWNED PRIVATE PASS AUTOS ONLY |  |   |  |   |                      |   |   |            |        |            |  |

**ENDORSEMENTS**

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE, OR THE PREMIUM YOU WILL BE CHARGED. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

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 |
|-----------------------|------|----------------------|--------------------------|