



AGENCY CUSTOMER ID: _____

WASHINGTON COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED		
POLICY NUMBER	CARRIER	NAIC CODE	

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	2	MEDICAL EXPENSE \$	PHYSICAL DAMAGE				
	7	INCOME CONTIN \$					
ADD'L PERSONAL INJURY PROTECTION	2	\$	TOWING & LABOR	3 7	\$		
	7		COMP / OTC	2 4 8			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7		COLLISION	2 4 8			
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	AUTO LOAN	2 4 8	\$		
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NO	\$						COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE					SPEC C OF L \$
	NO	EMPLOYEES					COLL \$
		VOLUNTEERS					
		PARTNERS					
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	COVERAGE IS:		PRIMARY	SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																							
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE																	
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	42	<input type="checkbox"/>	46				\$								
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	BI EACH ACCIDENT		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47		SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	42	<input type="checkbox"/>					46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47			<input type="checkbox"/>	43	<input type="checkbox"/>					47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	\$		
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	44	<input type="checkbox"/>		MEDICAL EXPENSE	\$			SERVICE LOSS	\$		COLLISION	<input type="checkbox"/>	42	<input type="checkbox"/>	46						\$						
ADD'L PERSONAL INJURY PROTECTION	<input type="checkbox"/>	46	<input type="checkbox"/>		INCOME CONTIN	\$			FUNERAL EXPENSE	\$			<input type="checkbox"/>	43	<input type="checkbox"/>	47							TOWING & LABOR					\$
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON		\$	<input type="checkbox"/>	42	<input type="checkbox"/>	43	<input type="checkbox"/>	43	<input type="checkbox"/>	46	<input type="checkbox"/>	47	\$	\$									
TRAILER INTERCHANGE																												
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																						
COMP / OTC	<input type="checkbox"/>	48					SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	48								COLLISION	<input type="checkbox"/>	48						\$			
	<input type="checkbox"/>	49						<input type="checkbox"/>	49										<input type="checkbox"/>	49								
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS										HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH							
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	NO			\$													<input type="checkbox"/>										
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE		NUMBER OF										OTHER	COVERAGE IS:			PRIMARY		SECONDARY					
	<input type="checkbox"/>	NO			EMPLOYEES																							
	<input type="checkbox"/>				VOLUNTEERS																							
OTHER	<input type="checkbox"/>				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

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	61	CSL	BI EA PER	\$		
	62		BI EACH ACCIDENT	\$		
	63		PROPERTY DAMAGE	\$		
	64					
PERSONAL INJURY PROTECTION	65	MEDICAL EXPENSE \$	SERVICE LOSS \$			
	67	INCOME CONTIN \$	FUNERAL EXPENSE \$			
ADD'L PERSONAL INJURY PROTECTION	65	\$				
	67					
MEDICAL PAYMENTS	62	EACH PERSON	\$			
	63					
TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE
UNDERINSURED MOTORIST	62	CSL	COMP / OTC	69		
	63			70		
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE				
	NO	\$				
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE				
	NO	\$				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE				
	NO					
OTHER						

ENDORSEMENTS / REMARKS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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.

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

I UNDERSTAND THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE READ AND SIGNED ACORD 62 WA, MANDATORY OFFER OF PERSONAL INJURY PROTECTION 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	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------