

OHIO COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1	4	9	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$
	2	7			BI EACH ACCIDENT \$
	3	8			PROPERTY DAMAGE \$
PHYSICAL DAMAGE					
			TOWING & LABOR	3	\$
				7	
MEDICAL PAYMENTS	2	4	8		EACH PERSON \$
	3	7			
UNINSURED MOTORIST	2	7		<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$
	3				BI EACH ACCIDENT \$
	4				PROPERTY DAMAGE \$
	6				DED \$
UNDERINSURED MOTORIST	2	6		<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS
	NO			\$	
NON-OWNED LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF
	NO			EMPLOYEES	
				VOLUNTEERS	
				PARTNERS	
			HIRED PHYSICAL DAMAGE		
				STATES	# DAYS
					# VEH
					COVERAGE / DEDUCTIBLE
					<input type="checkbox"/> COMP \$
					<input type="checkbox"/> SPEC C OF L \$
					<input type="checkbox"/> COLL \$
				COVERAGE IS:	PRIMARY
					SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

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

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	42 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>						
	43 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>						
				42 <input type="checkbox"/>	47 <input type="checkbox"/>	SCL <input type="checkbox"/>	FT <input type="checkbox"/>	LSP <input type="checkbox"/>		
				43 <input type="checkbox"/>		F <input type="checkbox"/>	FTW <input type="checkbox"/>			
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46	EACH PERSON \$		46 <input type="checkbox"/>						
UNINSURED MOTORIST	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>						
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>						
	46 <input type="checkbox"/>	DED \$								
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45 <input type="checkbox"/>		COMP / OTC	48 <input type="checkbox"/>						
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		49 <input type="checkbox"/>						
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		48 <input type="checkbox"/>						
	NO			49 <input type="checkbox"/>						
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>						
	NO	NUMBER OF		49 <input type="checkbox"/>						\$
		EMPLOYEES								
		VOLUNTEERS								
		PARTNERS								
OTHER			TRAILER VALUE	\$						
			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
				COVERAGE IS:			PRIMARY	SECONDARY		
			OTHER							

COVERED AUTO SYMBOLS
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COMP / OTC	62	67				\$	
	62	68	BI EACH ACCIDENT				\$	63					68
	63	71	PROPERTY DAMAGE				\$	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	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	TRAILER INTERCHANGE							
	63		BI EACH ACCIDENT			\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE			\$	COMP / OTC	69					
	66		DED			\$		70					
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	SPECIFIED CAUSES OF LOSS	69						
	63	67	BI EACH ACCIDENT			\$		70					
	64						COLLISION	69					\$
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE			<input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$					
	NO		\$					STATES	# DAYS	# VEH			
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE			<input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE						
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF								
	NO		<input type="checkbox"/> EMPLOYEES										
			<input type="checkbox"/> VOLUNTEERS										
			<input type="checkbox"/> PARTNERS										
OTHER							COVERAGE IS:		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY			
							OTHER						

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