



AGENCY CUSTOMER ID: _____

**MISSOURI 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	CSL	BI EA PER \$
	2	7			BI EACH ACCIDENT \$
	3	8			PROPERTY DAMAGE \$
			PHYSICAL DAMAGE		
			TOWING & LABOR	3	\$
				7	
			COMP / OTC	2	4
				3	7
				8	
MEDICAL PAYMENTS	2	4	8	EACH PERSON	\$
	3	7			
UNINSURED MOTORIST	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
UNDERINSURED MOTORIST	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	
	NO		\$		
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE
	NO		EMPLOYEES		
			VOLUNTEERS		
			PARTNERS		
			COVERAGE IS:	PRIMARY	SECONDARY
COVERED	(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY	(7) SPECIFICALLY DESCRIBED AUTOS		
AUTO	(2) OWNED AUTOS ONLY	(5) OWNED AUTOS SUBJECT TO NO-FAULT	(8) HIRED AUTOS ONLY		
SYMBOLS	(3) OWNED PRIVATE PASSENGER AUTOS ONLY	(6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(9) NON-OWNED AUTOS ONLY		

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

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.

ELECTRONIC DELIVERY OF RENEWAL NOTICES

YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC MAIL.

I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.

APPLICANTS SIGNATURE: _____

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"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$																						
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$																						
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																			
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$																			
				46 <input type="checkbox"/>																					
				42 <input type="checkbox"/>			47 <input type="checkbox"/>																		
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	43 <input type="checkbox"/>		\$																			
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																			
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$																						
	45 <input type="checkbox"/>																								
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> 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 <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	49 <input type="checkbox"/>																					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	49 <input type="checkbox"/>					\$															
	NO <input type="checkbox"/>				EMPLOYEES																				
					VOLUNTEERS																				
OTHER			PARTNERS																						
			TRAILER VALUE \$		STATES	# DAYS	# VEH																		
			HIRED PHYSICAL DAMAGE		COVERAGE IS:		PRIMARY	SECONDARY																	
			OTHER																						
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">(41) ANY AUTO</td> <td style="width:33%;">(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td style="width:33%;">(46) SPECIFICALLY DESCRIBED AUTOS</td> </tr> <tr> <td>(42) OWNED AUTOS ONLY</td> <td>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(47) HIRED AUTOS ONLY</td> </tr> <tr> <td>(43) OWNED COMMERCIAL AUTOS ONLY</td> <td></td> <td>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(50) NON-OWNED AUTOS ONLY</td> </tr> </table>											(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(43) OWNED COMMERCIAL 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
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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 \$	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 <input type="checkbox"/> 63 <input type="checkbox"/>	64 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>	\$																
UNINSURED MOTORIST	62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/>	66 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$		TRAILER INTERCHANGE																	
UNDERINSURED MOTORIST	62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/>	66 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
				COMP / OTC	69																	
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	70																	
					70																	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$												
					70																	
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	TRAILER VALUE	\$																	
			EMPLOYEES	STATES	# DAYS	# VEH																
OTHER			VOLUNTEERS	HIRED PHYSICAL DAMAGE																		
			PARTNERS		COVERAGE IS:	PRIMARY	SECONDARY															
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