



AGENCY CUSTOMER ID: _____

**TENNESSEE 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 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED / UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PD EA ACC \$ \$ DED		3 7	
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 EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$
COVERED AUTO SYMBOLS		(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	COVERED AUTO SYMBOLS		(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)

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SIGNATURE

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
			SPECIFIED CAUSES OF LOSS	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"/>				
				46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>					
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		46 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	45 <input type="checkbox"/>	PD EA ACC \$ \$ DED							
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48					
	NO	\$		49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
	NO	\$		49					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COLLISION	48					\$
	NO	NUMBER OF		49					
		EMPLOYEES	TRAILER VALUE	\$					
		VOLUNTEERS	STATES	# DAYS	# VEH				
		PARTNERS	HIRED PHYSICAL DAMAGE						
OTHER				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

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

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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 / 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 \$ PD EA ACC \$ \$ DED		TRAILER INTERCHANGE						
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
				COMP / OTC	69						
					70						
				SPECIFIED CAUSES OF LOSS	69						
					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					\$	
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		70						
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	TRAILER VALUE \$		STATES	# DAYS	# VEH			
			EMPLOYEES	HIRED PHYSICAL DAMAGE							
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER		COVERAGE IS:		PRIMARY	SECONDARY		

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