



FLORIDA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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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	5	\$10,000 BASIC DED AP-PLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL	PHYSICAL DAMAGE			
	7	DED: \$250 \$500 \$1000 \$2000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL				
EXTENDED P.I.P.	5 7	INCLUDE WK LOSS EXCLUDE WK LOSS	TOWING & LABOR	3 7	\$	
ADDITIONAL P.I.P.	5 7	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS		2 4 8		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8		
	3 7			3 7		
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$		3 7		
	4					
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 NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY	COMP \$ SPEC C OF L \$ COLL \$
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		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46		
	42 47	BI EACH ACCIDENT \$		43 47		\$
	43 50	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	44	\$10,000 BASIC DED AP-PLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS	42 46 SCL FT LSP		\$
	46	DED: \$250 \$500 \$1000 \$2000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL		43 47 F FTW		
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46	\$	
	43					
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43 46	BI EACH ACCIDENT \$	COMPREHENSIVE	48 49		
				48 49		
		48 49				
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$		HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY
EXTENDED P.I.P.	44 46	INCLUDE WK LOSS EXCLUDE WK LOSS	OTHER			
ADDITIONAL P.I.P.	44 46	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS				
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		

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS				PHYSICAL DAMAGE																																																									
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67				\$																																													
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT \$				<input type="checkbox"/>	63	<input type="checkbox"/>		68																																																				
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	PROPERTY DAMAGE \$				<input type="checkbox"/>	64	<input type="checkbox"/>																																																						
	<input type="checkbox"/>	64																																																															
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65			\$10,000	BASIC	DED AP-PLIES TO:	\$250	\$500	\$1000	\$2000	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	62	<input type="checkbox"/>	67	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$																																										
	<input type="checkbox"/>	67			WK LOSS EXCL:		NAMED INS ONLY		NAMED INS & DEP RES REL				<input type="checkbox"/>	63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW																																													
EXTENDED P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	INCLUDE WK LOSS		EXCLUDE WK LOSS						COLLISION	<input type="checkbox"/>	62	<input type="checkbox"/>	67					\$																																											
ADDITIONAL P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	OPTION#:	\$			INCLUDE WK LOSS		EXCLUDE WK LOSS	<input type="checkbox"/>		63	<input type="checkbox"/>	68																																																	
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON \$								TOWING & LABOR	<input type="checkbox"/>	63	<input type="checkbox"/>						\$																																											
	<input type="checkbox"/>	63	<input type="checkbox"/>	67										<input type="checkbox"/>	67	<input type="checkbox"/>																																																	
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE <table border="1"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>STATE</th> <th># DAYS</th> <th>RADIUS</th> <th>DUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMPREHENSIVE</td> <td><input type="checkbox"/></td> <td>69</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>70</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td><input type="checkbox"/></td> <td>69</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>70</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td><input type="checkbox"/></td> <td>69</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>70</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DUCTIBLE	COMPREHENSIVE	<input type="checkbox"/>	69					<input type="checkbox"/>	70					SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	69					<input type="checkbox"/>	70					COLLISION	<input type="checkbox"/>	69					<input type="checkbox"/>	70				
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OTHER	<input type="checkbox"/>												OTHER					COVERAGE IS:	PRIMARY		SECONDARY																																												

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE		DATE		PRODUCER'S SIGNATURE	
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