AGENCY CUSTOMER ID:

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COLORADO COMMERCIAL AUTO

ACORD	COVERAGES / LIMITS SECTION														(,												
AGENCY																											
POLICY NUMBER									ATE	₹	NAIC CODE																
BUSINESS AUT	BUSINESS AUTO SECTION																										
COVERAGES				JTO S	YME	BOLS		LI	MITS			COVERA	MITS														
COVERNOLO	00	1		4		9	CSL	BI EA PER				COVER	.020		LIXE	D AU		,,,,,,	<u> </u>								
LIABILITY		2		7		1	BI EACH ACCID		\$																		
		3		8	_		PROPERTY DA	MAGE	\$																		
																AL DA	AMAGE										
												TOWING			3												
												& LABOR		7 2 4 8						\$							
					_							COMP / OTC			3		7		8								
MEDICAL PAYMENTS		2		4 7		8	EACH PERSON	I	\$			SPECIFIED CAUSES OF	LOSS		2		4 7		8								
	2 6 CSL BI EA PER \$										2							8									
UNINSURED MOTORIST	IINSURED 3 7 BLEACH ACCIDENT \$											COLLISION			3												
4 PROPERTY DAMAGE \$																											
HIRED / BORROWED LIABILITY		YES	3	ST	TATE	S	COST OF HIRE		IF ANY BA	SIS			STATE	S	# D/	AYS	:	# VEH	1	COVERA	GE / DE	DUCTIBLE					
LIABILIT		NO YES	,		TATE		\$		LUDED								COI										
		NO	,	31	AIL	3	GROUP TYPE EMPLOYE	EQ	HIRED PHYSICAL								SPE C O COI										
NON-OWNED LIABILITY		1					VOLUNTE					DAMAGE										'					
	PARTNERS												COVERAGE IS:					Р	RIMARY		SECONDARY						
COVERED (1) ANY AUTO (2) OWI			S ON	1LY					D AUTOS OTHE D AUTOS SUBJ				ER AUTOS	SONL	Y					IFICALLY D AUTOS (BED AUTOS					
. , ,								• •	D AUTOS SUBJ									. ,		OWNED A	UTOS (NLY					
ENDORSEMENT	SI	KEN	IAR	KS	<u>(A</u>	COR	RD 101, Addi	tional R	emarks Sc	hed	ule, ma	y be attac	hed if i	nore	sp:	ace	ıs r	equ	irec	1)							
SIGNATURE																											
IT IS UNLAWFUL OF DEFRAUDING DAMAGES. ANY	OR	R AT	TEM	IPTIN	NG	TO E	DEFRAUD THE	COMP	ANY. PENA	LTIE	S MAY	INCLUDE II	MPRISO	NME	NT,	FINE	S,	DEN	IAL	OF INSU	JRANC	E AND CIVIL					
OR INFORMATION	N TO	AP	OLIC	CYHC	OLD	ER C	OR CLAIMANT	FOR THE	PURPOSE (OF D	EFRAU	DING OR AT	TEMPTII	NG T	O DE	EFR/	ÁUD	THE	PO	LICYHOL	DER (OR CLAIMANT					
WITH REGARD TO WITHIN THE DEPA									INSURANC	EPR	ROCEED	S SHALL BE	E REPO	RIEL) 10	IHE	= 00	OLOI	RAD	O DIVISI	ON OI	- INSURANCE					
I HAVE HAD UNIN AVAILABLE UP TO																				AND THA	T ITS	IMITS ARE					
FURTHERMORE, THAT THIS COVE	I HA	VE H	IAD I	UNIN	NSU	JRED	MOTORISTS I	PROPER	TY DAMAGE	COV	'ERAGE	AND THE A	VAILABL	E OF	PTIO	NS E	XPI	LAIN	ED T								
I REJECT UNINSU													(INITIAL				. 01		_ , \		٧ _						
I UNDERSTAND T RENEWALS, CON													Y STATE	SUI	PPLE	MEN	NT V	VILL	APP	PLY TO A	LL FU	TURE POLICY					
APPLICANT'S SIGNATION	JRE							DATE		PRO	DUCER'S	SIGNATURE								NATION	IAL PR	DDUCER NUMBER					

ACORD 137 CO (2015/12)

	UCKERS SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS														AGENCY CUSTOMER ID:														
COVERAGES	CO	VER	ED AL	JTO S	YMBOLS			-		LIMITS	3			_	COVE			AMAGE	Ε										
		41		46			CSL	}	BI EA PE	R \$		COVERA	GES	A	UTO SY	RED MBOLS			LIMITS		DEDUCTIBLE								
LIABILITY		42		47		BI EAG	CH AC	CIDEN	Т	\$					42	4	7												
		43		50		PROPERTY DAMAGE \$						COMP / OTC	;		43					\$									
														-	46														
												SPECIFIED			42	H 4	7	SCL	FT FTV	LSP	•								
												CAUSES OF	LOSS		46] r [FIV	v	\$								
MEDICAL		42		46											42	4	7												
MEDICAL PAYMENTS		43				EACH	PERS	NC		\$		COLLISION			43		'				\$								
		42		46			CSL	E	BI EA PE	R \$					46														
UNINSURED MOTORIST		43				BIEA	CH AC			\$		TOWING			46		•												
		45				PROP	ERTY	DAMA	GE	\$		& LABOR					\$												
																TRAILE													
												COVERA	GES	SY	MBOL	#TRAII	ERS 7	ONE	# DAYS	RADIUS	DEDUCTIBLE								
		YE			TATES							COMP / OTO	;		48														
NON-TRUCKERS HIRED / BORROWED		NO		31	AIES		OF HI	RE			IF ANY BASIS			-	49														
TRUCKERS		YE		ST	ATES	\$ COST	OF HI)E			IF ANY BASIS	SPECIFIED CAUSES OF	LOSS		48														
HIRED / BORROWED - LIABILITY		NO				\$	01 111	\L	l		II ANI DAGIG				48														
		YE	S	ST	ATES	GROUP TYPE NUMBER OF						COLLISION			49						\$								
NON-OWNED		NO)			E	MPLO	YEES				TRAILER VA	LUE	\$															
AUTO LIABILITY						\	/OLUN	TEERS	S				ST	ATES	# D	AYS	# VE	Н											
						F	PARTN	ERS																					
OTHER												HIRED PHYSICAL																	
												DAMAGE																	
															VEDAG	F.10:			DIMARY		FOONDARY								
							OTHER		T	VERAG	E 15:		PI	RIMARY	ECONDARY														
COVERED AUTO SYM	BOL	s			(4	⊥ 4) OWN	FD AU	TOS S	UBJE	CT TO	NO-FAULT (46)	SPECIFICALLY DE	SCRIB	ED AL	ITOS		(49) Y(JUR TE	RAII FRS I	N THE PO	SSESSION OF								
(41) ANY AUTO (42) OWNED AUTOS (א וואר					5) OWN		TOS S	UBJE	CT TC	A (47)	HIRED AUTOS ON TRAILERS IN YOU	ILY				1A	NOTHE	R TRUCK		R A TRAILER								
(43) OWNED COMMER			TOS	ONLY			DRIST		MINGO	INLD		A TRAILER INTER							/NED AUT										
ENDORSEMENT	S /	REI	MAF	KS	(ACOF	RD 10	1, Ad	ditio	nal	Rem	arks Schedule,	may be attac	hed	if mo	ore sp	ace is	req	uired)										

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (INITIALS)

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 NATIONAL PRODUCER NUMBER

MOTOR CARRIE	R S	EC	ΓΙΟΙ	N	1					AGE	GENCY CUSTOMER ID:													
COVERAGES	CO	/ERE	D AU	TO SYMBOLS			IITS					001/5		SICA	L DAMA	3E								
		61		67		CSL	_ BI _ EA	PER	\$		COVERAG	А	COVE UTO SY	MBO	s		LIMITS			DEDUCTIBLE				
LIABILITY		62		68	BIE	ACH ACCII	DENT		\$					62		67								
LIABILITI		63		71	PRC	PERTY DA	MAG	E	\$		COMP / OTC	;		63		68					\$			
		64							64															
													62		67	sc	F		LSP					
											SPECIFIED CAUSES OF	LOSS		63		68	F	F FTW			\$			
											5.1.0 5 2 5 1			64										
														62		67								
											COLLISION			63		68					\$			
														64										
MEDICAL		62		64							TOWING			63										
PAYMENTS		63		67	EAC	H PERSON	ı		\$		& LABOR			67		,	\$							
		62		66		CSL	BI	A PER	\$						TRAIL	ER IN	NTERCHANGE							
UNINSURED		63		67	BIE	ACH ACCII			\$		COVERAG	GES				AILER	SFART	# DAYS	RA	DEDUCTIBLE				
MOTORIST		64				PERTY DA		E	\$					69			LOINE	-						
	04										COMP/OTC	;		70										
														69										
											SPECIFIED CAUSES OF		70											
NON TRUCKERS		YES	 S	STATES	COS	ST OF HIRE			10	ANY BASIS				69										
NON-TRUCKERS HIRED / BORROWED		NO				or or rinkl			"	ANT BASIS	COLLISION			70							\$			
TRUCKERS		YES		STATES	\$	ST OF HIRE			1,,	ANY BASIS	TRAILER VA	LUF	\$	70										
HIRED / BORROWED LIABILITY		NO		0.7.1.20		OF HIKE			"	- ANY BASIS			TES	# 0	AYS	#	VEH							
LIABILITY		YES		STATES	\$	NUD TVDE				NUMBER OF	-	0		"	,,,,									
NON-OWNED		NO	,	OTATEO	GRO	OUP TYPE			Г	NUMBER OF	HIRED													
AUTO		140			VOLUNTEERS				H		PHYSICAL													
LIABILITY								H		DAMAGE														
OTHER						PARTNER	lS				-									Τ.				
OTTLEK											OTHER		CO	VERAG	E IS:		\perp	PRIMARY		S	ECONDARY			
											OTHER													
(61) ANY AUTO	BOLS	3				NED COM					CIFICALLY DE ED AUTOS ON		D AL	JTOS		(70)					SSESSION OF A TRAILER			
(62) OWNED AUTOS				(6	6) OW	NED AUTO	S SU	BJECT	TO A	COMPUL- (69) TRA	ILERS IN YOU	R POSS					INTER	CHANGE A	GREE	MENT				
(63) OWNED PRIVATE						RY UNINSU					RAILER INTER							WNED AL	1108	JNLY				
ENDORSEMENT	5/1	KEN	IAK	KS (ACOR	ע) 10	01, Add	tion	iai Ke	ema	rks Schedule, m	ay be attac	cnea i	r mo	ore sp	ace	is re	equire	a)						
SIGNATURE																								
	TO K	(NO)	MIN	GLY PROVID	FFΔ	LSE INC	OME	N FTF	OR	R MISLEADING FAC	TS OR INFO	RMATI	ON	TO AN	I INS	URAN	NCE CO	MPANY	FOF	THE	PURPOSE			
OF DEFRAUDING	OR	AT	TEM	IPTING TO [DEFR	AUD TH	E C	OMPA	NY.	PENALTIES MAY	INCLUDE II	MPRIS	ONN	ΛΕΝΤ,	FINE	ES, C	ENIAL	OF INS	SURA	NCE	AND CIVIL			
										ICE COMPANY WHO RPOSE OF DEFRAU														
										URANCE PROCEED														
WITHIN THE DEPA																								

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