



AGENCY CUSTOMER ID: _____

**MONTANA 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 MOTORIST	2 3 4 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 3 4 7 8	
STKD					
NON-STKD					
UNDERINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$			
STKD					
NON-STKD					
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO				COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
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	COVERAGE IS:	PRIMARY	SECONDARY
					(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**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. _____ (initials)

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING OPTIONS WITH RESPECT TO UM COVERAGE AND UIM COVERAGE.

UM STACKED COVERAGE _____ (initials) UIM STACKED COVERAGE _____ (initials)

UM NON-STACKED COVERAGE _____ (initials) UIM NON-STACKED COVERAGE _____ (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							
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"/>	\$		
			43 <input type="checkbox"/>	COLLISION	\$					
			46 <input type="checkbox"/>							
			46 <input type="checkbox"/>			TOWING & LABOR	\$			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	TRAILER INTERCHANGE						
UNINSURED MOTORIST STKD <input type="checkbox"/> NON-STKD <input type="checkbox"/>	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	COMP / OTC	48					
	45 <input type="checkbox"/>				49					
UNDERINSURED MOTORIST STKD <input type="checkbox"/> NON-STKD <input type="checkbox"/>	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48					
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	49						
	45 <input type="checkbox"/>			48						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	48					\$
	NO <input type="checkbox"/>		\$	49						
	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>		\$		COVERAGE IS:				PRIMARY	SECONDARY
	YES <input type="checkbox"/>	STATES	GROUP TYPE		NUMBER OF	OTHER				
NON-OWNED AUTO LIABILITY	NO <input type="checkbox"/>	STATES	EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
OTHER										

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

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