

AGENCY CUSTOMER ID:

MONTANA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

NAMED INSURED(S)

| POLICY NUMBER | | | | | | | | EFFECTIVE DA | TE CAR | CARRIER | | | | | | | NAIC CODE | | | |
|--|-----------------|--------|-----|------|--------------|----------------------|----------------------|--------------|-------------------------------|---|-----------------------------|--------------|-----|----------------|--------|------------------|---|----------------|--|--|
| BUSINESS AUT | | | | | | | | | | | | | | | | | | | | |
| COVERAGES | | | | SYI | MBOLS | | LI | MITS | | COVER | COVERAGES | | | D AUTO | SYM | BOLS | LIMITS | | | |
| 1 4 9 LIABILITY 2 7 E | | | | | BI EACH ACCI | BI EA PER DENT | \$ \$ | | | | | | | | | | | | | |
| | 3 8 PROPERTY DA | | | | | | | \$ | | | | | | | | | | | | |
| | | | | | | | | PHYSICAL DAN | | | | | | AMAG | GE | | | | | |
| | | | | | | | | | | TOWING & LABOR | | | | | | | \$ | | | |
| | | | | | | | | | | COMP / OTC | ; | 2 4 8 3 7 | | | | | | | | |
| MEDICAL PAYMENTS | | 2 | 4 | | 8 | EACH PERSO | N | \$ | | SPECIFIED CAUSES OF | SPECIFIED CAUSES OF LOSS | | | 2 4 8 3 7 8 | | | | | | |
| UNINSURED MOTORIST STKD | | | | | | CSL BI EACH ACCI | BI EA PER DENT | \$ \$ | | COLLISION | COLLISION | | | 4 | | 8 | | | | |
| NON- STKD UNDERINSURED | | | | | | CSL | BI EA PER | \$ | | | | | | | | | | | | |
| MOTORIST STKD NON- STKD | | 3 | 7 | | | BI EACH ACCI | | \$ | | | | | | | | | | | | |
| HIRED / BORROWED | YES STATES | | | | | COST OF HIRE | | IF ANY BAS | ANY BASIS STATES # DAYS # VEH | | | | | | | ΞH | COVERAGE / DEDUCTIBLE | | | |
| | | YES | 5 | STA | TES | GROUP TYPE | | NUM | BER OF | HIRED | | | | | | | SPEC | \$ | | |
| NON-OWNED | | NO | | | | EMPLOYI | EES | | | PHYSICAL DAMAGE | | | | | | | | \$ | | |
| LIABILITY | | | | | | | ERS | | | | | | | | | | | | | |
| | | | | | PARTNER | | | | | | OVEF | | IS: | | | RIMARY | SECONDARY | | | |
| COVERED(1) ANYAUTO(2) OWNSYMBOLS(3) OWN | NED AL | JTOS (| | | IGER A | JTOS ONLY | (5) OWNED | AUTOS SUBJE | СТ ТО NO | IVATE PASSENG -FAULT OMPULSORY UN | | | | 'S LAW | (8 |) HIRE | IFICALLY DESCI D AUTOS ONLY OWNED AUTOS | | | |
| ENDORSEMENT | 'S / R | EMA | RK | S (/ | ACOF | D 101, Addi | tional Re | emarks Sch | edule, r | nay be attac | hed if m | ore | spa | ice is | requ | uired |) | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 0.15 | | | | | |
| I ACKNOWLEDGE | IN TH | HIS AF | PLI | CAT | ION. I | F NO LIMITS A | RE SHOW | N, I HAVE RE | ECTED 1 | THESE COVER | AGES. | _ | | | _ (ini | tials) | . THAVE SELE | CTED THE | | |
| I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING OPTIONS UM STACKED COVERAGE (initials) | | | | | | | | | | CT TO UM COV | | | | | AGE | | | | | |
| UM NON-STACKED | O COV | ERAC | Ε. | | | (initials) | | U | M NON-S | TACKED COVE | ERAGE | | | (i | | , | | | | |
| I UNDERSTAND T AND CHANGES U | NLES | | | | | | WRITING. | | | | PPLY TO | ALL | FUT | URE | POLI | CY RI | | | | |
| APPLICANT'S SIGNATU | | | | | | DATE | | | R'S SIGNATURE | | | | | | | | RODUCER NUMBER | | | |
| ACORD 137 MT | (2015 | 5/12) | | | | | | Pa | ge 1 of : | 3 © 1 | 996-201 | 5 A(| COF | RD CC | DRP | ORA [.] | TION. All ric | ghts reserved. | | |

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TRUCKERS SECTION

AGENCY CUSTOMER ID:

| TRUCKERS SEC | CUCKERS SECTION | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------------|------------|------|-------------|------------------|------------|--------------|-------------|-------------|------------------------|----------------|------|-------|------------|-----------|----------|------------|-------------|--|--|--|
| COVERAGES | COVERAGES COVERED AUTO SYMBOLS | | | | | | LI | MITS | | PHYSICAL DAMAGE | | | | | | | | | | | |
| | | 41 | | 46 | CSL BI EA PER \$ | | | | | | GES | | COVE | RED | | LIMITS | DEDUCTIBLE | | | | |
| | | | | | | | | | | COVERA | A | | MBOLS | LIMITS | | | DEDUCTIBLE | | | | |
| LIABILITY | | 42 | | 47 | BII | EACH ACCIE | DENT | \$ | | | | | 42 | 47 | | | | | | | |
| | | 43 | | 50 | PR | OPERTY DA | MAGE | \$ | | COMP / OTO | С | | 43 | | | | | \$ | | | |
| | | | | | | | | | | 1 | | 46 | | | | | | | | | |
| | | | | | | | | | | | | - | | | | | | | | | |
| | | | | | | | | | | | | 42 | 47 | SCL | FT | LSP | | | | | |
| | | | | | | | | | | SPECIFIED | | 43 | | F | FTV | | \$ | | | | |
| | | | | | | | | | | CAUSES OF | CAUSES OF LOSS | | | | | | | Ŷ | | | |
| | | | | | | | | | | | | 46 | | | | | | | | | |
| MEDICAL | | 42 | | 46 | | | | | | | | | 42 | 47 | | | | | | | |
| PAYMENTS | | 43 | | 1 | EA | CH PERSON | | \$ | | COLLISION | | | 43 | | | | | \$ | | | |
| UNINSURED | | | | | - | | BI | | | - | | - | 43 | | | | | φ | | | |
| MOTORIST | | 42 46 | | | | CSL | BI EA PER | \$ | | | | | 46 | | | | | | | | |
| STKD | | 43 | | | ВП | EACH ACCIE | DENT | \$ | | TOWING | | | 46 | | | | | | | | |
| NON- | | 45 | | | | | | | | & LABOR | | | 1 | | \$ | | | | | | |
| STKD | | 45 | | | - | _ | Ы | | | 0.2.2011 | | | | | | | | | | | |
| UNDERINSURED MOTORIST | | 42 | | 46 | | CSL | BI EA PER | \$ | | | | | | TRAILER IN | | | | | | | |
| STKD | | 43 | | | BU | EACH ACCIE | | \$ | | COVERA | GES | SY | MBOL | # TRAILER | S | # DAYS | DEDUCTIBLE | | | | |
| NON- | | | | 1 | | | | | - | | | | | | | | | | | | |
| STKD | 45 | | | | | | | | | COMP / OTO | С | | 48 | | | | | | | | |
| NON-TRUCKERS | YES STATES | | | STATES | COST OF HIRE | | | IF ANY B | ASIS | | | | 49 | | | | | | | | |
| HIRED / BORROWED | | NO | | | \$ | | _ | | | | | | 48 | | | | | | | | |
| TRUCKERS | | | | | | | | | | SPECIFIED CAUSES OF | | - | | | | | | | | | |
| HIRED / BORROWED | | YES STATES | | | CO | ST OF HIRE | L | IF ANY B | ASIS | CAUSES OF | - 1033 | | 49 | | _ | | | | | | |
| LIABILITY | | NO | NO | | \$ | | | | | COLLISION | | | 48 | | | | | | | | |
| | | YES STATI | | | + | OUP TYPE | | NII | NUMBER OF | | | | 49 | | | | | \$ | | | |
| | | | | | | 7 | | N | | TRAFER | | - | 49 | | | 1 | 1 | l | | | |
| NON-OWNED AUTO | | NO | | | | EMPLOYE | ES | | | TRAILER VA | ALUE | \$ | | | | | | | | | |
| LIABILITY | | | | | | VOLUNTE | ERS | | | | STA | ATES | # C | AYS # | VEH | | | | | | |
| | | | | | | 1 | | | | 1 | | | | | | | | | | | |
| | | | | | | PARTNER | 5 | | | - | | | | | | | | | | | |
| OTHER | | | | | | | | | | HIRED | | | | | | | | | | | |
| | | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | | |
| | | | | | | | | | | DAWAGE | | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | со | VERAG | E IS: | F | PRIMARY | 5 | SECONDARY | | | |
| | | | | | | | | | | OTHER | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYME | BOLS | | | (44 |) OW | NED AUTOS | SUBJECT | TO NO-FAUL | T (46) SPE0 | CIFICALLY DE | SCRIBE | | ros | (49) | YOUR TR | | THE POS | SESSION OF | | | |
| (41) ANY AUTO | | | | | 5) OW | NED AUTOS | SUBJECT | TO A | (47) HIRE | D AUTOS ONI | LY | | | | ANOTHE | R TRUCKE | R UNDER | A TRAILER | | | |
| (42) OWNED AUTOS O | | | | | | MPULSORY | | D | | LERS IN YOUR | | | | | | | REEMENT | | | | |
| (43) OWNED COMMER | | | | | | TORIST LAW | | | | AILER INTERC | | - | | () | | NED AUTO | DS ONLY | | | | |
| ENDORSEMENT | S/I | REN | IAR | KS (ACOF | RD 1 | 01, Addit | ional Re | emarks So | hedule, ma | y be attac | hed if | i mo | re sp | ace is re | quired |) | | | | | |
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| SIGNATURE | | | | | | | | | | | | | | | | | | | | | |
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| I ACKNOWLEDGE | | | | | | | | | | | | | | | | . I HAVE | SELECT | ED THE | | | |
| LIMITS INDICATED | D IN T | HIS | APP | LICATION. I | F NO | LIMITS AF | RE SHOW | N, I HAVE R | EJECTED TH | ESE COVER | AGES. | | | (| initials) | | | | | | |
| IACKNOWLEDGE | тн∆ | тін | A\/⊨ | | RED | THE FOU | | | | | | FΔN | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| UM STACKED CO | /ERA | GE | | (| nitials | S) | | | UIM STACKEI | O COVERAG | 6E | | | (initials) | | | | | | | |
| UM NON-STACKED | o co | VER | AGE | | (| (initials) | | | UIM NON-STA | CKED COVI | ERAGE | | | (initi | als) | | | | | | |
| | | | | | | (| | | | | | | | (| | | | | | | |
| I UNDERSTAND T | НАТ | THE | E CC | OVERAGE S | ELEG | CTION AN | D LIMIT (| | IDICATED HE | ERE WILL A | PPLY T | το Α | LL FU | TURE PO | LICY RI | ENEWAL | S, CONT | INUATIONS | | | |
| AND CHANGES U | | | | | | | | | | / . | - | | | | | | , | | | | |
| | | | | - | | | | | | | | | | | | | | | | | |
| APPLICANT'S SIGNATI | URE | | | | | | DATE | | PRODUCER'S | SIGNATURE | | | | | | NATIO | NAL PROD | UCER NUMBER | | | |
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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID:

| MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS | | | | | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | |
|---|------|-------|---------|------|--------------------|--------------|-------------|-------|--------------------|-------------|--|----------------|-----------------|-----------------|------|-----------|--------|----------|------------|-------------|--|--|--|
| COVERAGES | 00 | | | BOLS | | 0.01 | | | | | 001/55.4 | 050 | | COVE | RED | | DAMA | | | | | | |
| | | 61 | 67 | ŀ | | | | ER \$ | | | COVERA | A | UTO SY | ИВО | | | LIMITS | | DEDUCTIBLE | | | | |
| LIABILITY | | 62 | 68 | | | CH ACCIE | | | | | COMP / OTO | ~ | | 62 | - | 67 | | | | | | | |
| | | 63 | 71 | | PROPERTY DAMAGE \$ | | | | | | | | 63 | 68 | | | | \$ | | | | | |
| | | 64 | | | | | | | | | | 64 | - | | | | | | | | | | |
| | | | | | | | | | | | SPECIFIED | | | 62 | | 67 | s | | LSP | | | | |
| | | | | | | | | | | | | CAUSES OF LOSS | | 63 | | 68 | F | FTV | \$ | | | | |
| | | | | | | | | | | | | | 64 | | | | | | | | | | |
| | | | | | | | | | | | | | | 62 | _ | 67 | | | | | | | |
| | | | | | | | | | | | COLLISION | | | 63 | | 68 | | | | \$ | | | |
| | | | | | | | | | | | | | | 64 | _ | | | | | | | | |
| MEDICAL | | 62 | 64 | | EACH | H PERSON | l | \$ | | | TOWING | | 63 | | | \$ | | | | | | | |
| PAYMENTS | | 63 | 67 | | | | BI | | | | & LABOR | | | 67 | | | | | | | | | |
| | | 62 | 66 | - | | CSL | _ EA PE | R \$ | | | | | | | | | | | | | | | |
| STKD NON- | | 63 | 67 | | BIEA | CH ACCIE | DENT | \$ | | | COVERA | GES | SY | SYMBOL # TRAILE | | | SZON | E # DAYS | RADIUS | DEDUCTIBLE | | | |
| STKD | | 64 | | | | | DI | | | | COMP / OTO | 5 | | 69 | | | | | | | | | |
| | | 62 | 66 | - | | CSL | BI EA PE | R \$ | | | | | | 70 | - | | | | | | | | |
| STKD NON- | | 63 67 | | | BI EACH ACCI | | DENT \$ | | i | | SPECIFIED | | | 69 | | | | | | | | | |
| STKD | | 64 | | | | | | | | | CAUSES OF | LOSS | | 70 | | | _ | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | | YES | STAT | ES | COST OF HIRE | | | | IF ANY BA | SIS | COLLISION | | | 69 | | | | | | \$ | | | |
| | - | NO | | \$ | | | | | | | | | 70 | | | | | | • | | | | |
| TRUCKERS HIRED / BORROWED | | YES | STAT | ES | COS | T OF HIRE | | | IF ANY BA | SIS | TRAILER VALUE | | \$ | | | | | | | | | | |
| LIABILITY | | NO | | | \$ | | | | | | - | STA | TES | # L | DAYS | # | VEH | | | | | | |
| | | YES | STATE | -5 | | UP TYPE | | | NUI | MBER OF | - | | | | | | | | | | | | |
| NON-OWNED AUTO | | NO | | - | | EMPLOYE | ES | | | | HIRED PHYSICAL | | | | | | | | | | | | |
| LIABILITY | | | | - | | VOLUNTE | | | | | DAMAGE | | | | | | | | | | | | |
| | | | | | | PARTNER | S | | | | - | | | | | | _ | | | | | | |
| OTHER | | | | | | COVERAGE IS: | | | | | | | | PRIMARY | 5 | SECONDARY | | | | | | | |
| | | | | | | | | | | | OTHER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| (61) ANY AUTO | BOLS | | | | | ED COMMI | | | S ONLY NO-FAULT | | CIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF D AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER | | | | | | | | | | | | |
| (62) OWNED AUTOS C (63) OWNED PRIVATE | | | | (66) | OWNE | | SUBJEC | т то | A COMPUL | - (69) TRAI | LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT AILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY | | | | | | | | | | | | |
| . , | | | | | | | | | | | - | | - | | | () | | | JS UNLY | | | | |
| ENDORSEMENT | 3/1 | | ARNS (A | CORL | 5 10 | I, Auun | IUIIAI I | \em | | neuule, ma | iy De allac | neu ii | mo | ne sp | ace | 15 10 | quire | u) | | | | | |
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| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | |
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| I ACKNOWLEDGE | | | | | | | | | | | | | | | • |) COV (| | | SELECT | ED THE | | | |
| I ACKNOWLEDGE | | | | | | | | , | | | | | | | | | | , | | | | | |
| UM STACKED CO | | | | | | | | 011 | | JIM STACKEI | | | | | | | | | | | | | |
| UM NON-STACKE | | | | | | | | | | JIM NON-STA | | | | | ` | , | als) | | | | | | |
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| I UNDERSTAND T AND CHANGES U | | | | | | | | | OICES INI | DICATED HE | ERE WILL A | PPLY 1 | ΓΟ Α | LL FL | ITUR | e poi | LICY I | RENEWAL | S, CONT | INUATIONS | | | |
| APPLICANT'S SIGNAT | URE | | | | | | DATE | | | PRODUCER'S | S SIGNATURE | | | | | | | NATIO | NAL PROD | UCER NUMBER | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |