



AGENCY CUSTOMER ID: _____

**OREGON 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$ MEDICAL EXP DED: NONE \$100 \$250 NAMED INSURED NAMED INS & FAMILY MEMBERS	PHYSICAL DAMAGE		
ADD'L PERSONAL INJURY PROTECTION	5 7	\$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMP / OTC	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	2 4 8 3 7	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	COVERAGE IS: PRIMARY SECONDARY	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
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			(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**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST BODILY INJURY (UMBI) AND UNDERINSURED MOTORIST BODILY INJURY (UIMBI) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI AND UIMBI COVERAGES AND A COST COMPARISON ARE FOUND IN THE ATTACHED SUPPLEMENT, ACORD 61 OR.

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	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"/> 46 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ <input type="checkbox"/> \$250 <input type="checkbox"/> MEDICAL EXP DED: NAMED INSURED <input type="checkbox"/> NONE NAMED INS & FAMILY MEMBERS <input type="checkbox"/> \$100		43 <input type="checkbox"/> 46 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	\$			
ADD'L PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$		43 <input type="checkbox"/> 46 <input type="checkbox"/>		\$			
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>	\$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>	\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>	EMPLOYEES		49 <input type="checkbox"/>					
		VOLUNTEERS	TRAILER VALUE	\$					
		PARTNERS	STATES	# DAYS	# VEH				
OTHER			HIRED PHYSICAL DAMAGE						
			OTHER	COVERAGE IS:		PRIMARY	SECONDARY		
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									

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					
PERSONAL INJURY PROTECTION	65	\$	MEDICAL EXP DED: <input type="checkbox"/> NONE <input type="checkbox"/> \$100	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
	67	\$250 <input type="checkbox"/>	NAMED INS & FAMILY MEMBERS <input type="checkbox"/>		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
					64						
ADD'L PERSONAL INJURY PROTECTION	65	\$		COLLISION	62	67		\$			
	67				63	68					
					64						
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$				
	63	67			67						
UNINSURED MOTORIST	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		PROPERTY DAMAGE \$	COMP / OTC	69						
					70						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$						
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

COVERED AUTO SYMBOLS
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

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