AGENCY CUSTOMER ID: __

ACC	PRD

OREGON COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

COVERAGES / LIMITS SECTION														,											
AGENCY NAMED IN													INSURED(S)												
POLICY NUMBER										EFFEC	TIVE DATE	R				NAIC	CODE								
BUSINESS AUTO) SI	FCTI	ION	ı																					
COVERAGES		VERE			YMB	OI S				IMITS			COVERA	GFS	COV	/FRFI	D AU	TO S	YMBO	าเร			LIMI	TS	
		1	-	4		9		CSL	BI EA PER	\$			OOVER	.020	00.	COVERED AUTO SYMBOLS									
LIABILITY		3		8				CH ACCID	MAGE	\$															
PERSONAL INJURY PROTECTION		5 7					\$	\$250	MEDICA EXP DE NAMED INSURE	ED:	NONE NAMED IN FAMILY M	\$100 IS & EMBERS					PHY	SICA	L DA	MAG	E		_		
		5											TOWING & LABOR			3 [\$				
ADD'L PERSONAL INJURY PROTECTION		7					\$						COMP / OTC	:		2 4 7				8					
MEDICAL PAYMENTS		2 3		4 7		8	EACH	I PERSON		\$			SPECIFIED CAUSES OF	LOSS		2		4 7		8					
UNINSURED MOTORIST		3		6 7				CSL CH ACCID	BI EA PER ENT	\$ \$			COLLISION			2		4 7		8					
WOTORIST		4					PROF	PERTY DA	MAGE	\$															
HIRED / BORROWED LIABILITY		YES NO		ST	ATE	S	COST \$	OF HIRE	L	IF A	ANY BASIS		STATE	ES # DAYS			# VEH				COMP	DED \$	UCTIBL	.E	
NON-OWNED	YES STATES O						GROUP TYPE NUMBER OF EMPLOYEES					ROF	HIRED PHYSICAL DAMAGE							SPEC C OF L \$ COLL \$					
LIABILITY								VOLUNTE											_	\dashv			_		
COVERED (1) ANY	AUT	0					F	PARTNER		D AUTOS	S OTHER TH	IAN PRIVA	COVERAGE IS: TE PASSENGER AUTOS ONLY (7)					(7) 5	_	RIMAR			SECON ED AUT		
AUTO (2) OWN SYMBOLS (3) OWN	NED F	PRIVA	TE P	ASSE				NLY	(5) OWNED (6) OWNED	D AUTOS D AUTOS	S SUBJECT S SUBJECT	TO NO-FA	ULT IPULSORY UNI	INSURED	мотс	DRIST			(9)	NON-	OWNE	S ONLY D AUTO		ILY	
ENDORSEMENT	S/	REM	AR	KS	(A(COR	D 101	I, Addit	ional R	emark	s Sched	ule, ma	y be attacl	hed if n	nore	spa	ice i	is re	equi	red)				
CIONATURE																									
SIGNATURE	10 .	/NO:	A/IN/	0137		ID 11	//TI: '	NITE*!T :	TO DEE:	24112	OD 0011	NT AND	TUED TO 2	VEED * 1 ''	, +··	F 18-1	101.12		D\/	CLIS	N 4177	NC A		חחוים	ATION
ANY PERSON WI CONTAINING A FA														ıEFRAU[ΙΉ	IE IN	ISUR	ĸĿŔ	RA	SUE	sivil [T]	ING A	N A	PPLIC.	ATION
I UNDERSTAND COVERAGES HAV NOT LOWER THA FOUND IN THE AT	/E B	EEN HE M	EXF IINII	PLAII MUN	NEI 1 BI	TO LIMI	ME. TS RE	I HAVE EQUIRED	THE RIG D BY LAV	HT TO	PURCHA	SE UMB	I LIMITS EQ	UAL TO	MY E	BODI	ILY I	NJU	IRY ((BI) I	LIABIL	ITY LI	MITS	S OR I	LIMITS
I UNDERSTAND T AND CHANGES U											ES INDICA	ATED HE	RE WILL AF	PPLY TO	ALL	FUT	TURE	PC	DLIC,	Y RE	NEW	ALS, C	ON	TINUA	TIONS
APPLICANT'S SIGNATU	JRE								DATE		PR	ODUCER'S	UCER'S SIGNATURE								NATIONAL PRODUCER NUMBER				

AGEN	\sim	\sim 11	CTC	ID.

TRUCKERS SECTION AGENCY CUSTOMER ID:																				
COVERAGES	со	VERE	D AL	UTO SYMBOLS				IITS	PHYSICAL DAMAGE COVERED DESCRIPTION OF THE PROPERTY OF THE PR											
		41		46		CSL	BI EA PER	\$		COVERAG	GES	A	COVI UTO S	ERED /MBO	LS			LIMITS		DEDUCTIBLE
LIABILITY		42		47	BIE	ACH ACCID	DENT	\$					42		47					
		43		50	PRC	PERTY DA	MAGE	\$		COMP / OTC	;		43							\$
PERSONAL INJURY		44			\$		MEDICA EXP DED): NON					46							
PROTECTION		46		_		\$250	NAMED INSURED	NAM FAM	IED INS & ILY MEMBERS				42		47	5	CL	FT	LSF	
ADD'L PERSONAL INJURY		44			\$					SPECIFIED CAUSES OF	LOSS		43			F	: [FTV	,	\$
PROTECTION		46		_	٦								46							
MEDICAL		42		46									42		47					
PAYMENTS		43			EAC	H PERSON	I	\$		COLLISION			43					\$		
		42		46		CSL	BI EA PER	\$					46		_					
UNINSURED MOTORIST		43			BIE	ACH ACCID	_	\$		TOWING		46								
WOTORIST		45		_	PRC	PERTY DA	MAGE	\$		& LABOR					\$					
													•	TRAIL	ER IN	TERC	IAN	GE		•
										COVERAG	GES	SY	MBOL	# TR	AILEF	s FAF	RTH NE	# DAYS	RADIUS	DEDUCTIBLE
										00140 / 070			48							
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	ASIS	COMP / OTC	;		49							
HIRED / BORROWED		NO			\$		_	_		SPECIFIED			48							
TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	CAUSES OF		49									
HIRED / BORROWED LIABILITY		NO			\$		_	_					48							
		YES	3	STATES	GRO	OUP TYPE		NU	MBER OF	COLLISION			49							\$
NON-OWNED		NO				EMPLOYE	ES			TRAILER VA	LUE	\$	•				•			
AUTO LIABILITY		-				VOLUNTE	ERS				TES	# [DAYS	#	VEH					
						PARTNER	S													
OTHER									HIRED											
								PHYSICAL DAMAGE												
												CO	VERAG	E IS:			PI	RIMARY		SECONDARY
									OTHER	•										
COVERED AUTO SYME	BOLS			(44) OWN	IED AUTOS	SUBJECT 1	ΓΟ NO-FAUL1	(46) SPEC	IFICALLY DES	SCRIBED	D AUT	os		(49)	YOUR	TRA	AILERS IN	THE POS	SESSION OF
(41) ANY AUTO (42) OWNED AUTOS O	NI Y			(45			SUBJECT TUNINSURED			D AUTOS ONL		SSIO	N LINE	FR						A TRAILER
(43) OWNED COMMER		AUT	os o	NLY		ORIST LAW				ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT AILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY										
ENDORSEMENT	S/	REN	ΛAF	RKS (ACOR	D 10	1, Addit	ional Re	marks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quir	ed)			
SIGNATURE																				
ANY PERSON W CONTAINING A FA											DEFRA	UD .	THE	NSU	RER	BY S	SUB	MITTIN	G AN A	PPLICATION
I UNDERSTAND COVERAGES HAV	/E B	BEEN	I EX	PLAINED TO	ME.	I HAVE	THE RIGH	IT TO PUR	CHASE UMB	I LIMITS ÉQ	UAL T	O M	Y BOI	OILY	INJU	RY (E	3I) L	.IABILIT	Y LIMITS	OR LIMITS
FOUND IN THE AT								. A BRIEF	DESCRIPTION	ON OF UME	31 AND	UIM	IBI C	JVÉR	KAĞE	S AN	ט A	COST	COMPA	RISON ARE
I UNDERSTAND T AND CHANGES U								HOICES IN	DICATED HE	RE WILL AF	PPLY 1	ΓΟ Α	LL FL	JTUR	E PC	LICY	RE	NEWAL	S, CON	INUATIONS
AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. APPLICANT'S SIGNATURE DATE PRODUCER'S										SIGNATURE				NATIONAL PRODUCER NUMBER						

ACENCY	CUSTOMER	ID:

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																								
COVERAGES	co	VERE	D AU	JTO SYMBOLS	<u> </u>			LIMITS	;							001/5		YSICAL	L DAMAGE					
		61		67	CSL BI EA PER \$								COVERAG	GES	AL	COVE SYOUTH	MBO	LS		LIMITS		DEDUCTIBLE		
LIABILITY		62		68	BI EACH ACCIDENT \$										62		67							
		63		71	PRC	PERTY DA	MAGE	\$					COMP / OTC			63		68				\$		
		64					MEDI	241								64								
DEDOOMAL IN HIDY		65			\$		MEDIO EXP D	DED: 📙		NONE	D INC 8	\$100	II .			62		67	SCL	FT FT	LSP			
PERSONAL INJURY PROTECTION		67				\$250	NAMEI INSUR			FAMIL	D INS & Y MEMB	3ERS	SPECIFIED CAUSES OF	LOSS		63		68	F	FTV	V	\$		
															64									
ADD'L PERSONAL		65												62		67								
INJURY PROTECTION		67			\$								COLLISION		63		68				\$			
																64	-							
MEDICAL		62		64	EAC	H PERSON		\$					TOWING			63		J	\$					
PAYMENTS		63		67			BI						& LABOR			67								
UNINSURED		62		66		CSL	BI EA PE								T				FARTH		RADIUS			
MOTORIST		63		67		ACH ACCID		\$					COVERAG	GES	SYN	MBOL	#TR	AILER	SZÖNE	# DAYS	DEDUCTIBLE			
		64			PRC	PERTY DA	MAGE	\$					COMP / OTC			69								
																70								
													SPECIFIED CAUSES OF	LOSS		69								
NON TRUOVERO		YES		STATES	COS	COST OF HIRE IF ANY BASIS									70 69									
NON-TRUCKERS HIRED / BORROWED		NO		0171120	\$	ST OF HIRE			IF AN	IT BASI	.5		COLLISION			70						\$		
TRUCKERS		YES		STATES	+	T OF HIRE			IF AN	NY BASI			TRAILER VA	LUE	\$	70								
HIRED / BORROWED LIABILITY		NO			\$	or or rinte			/	TI DITO	•			STA	ATES	# [AYS	#	VEH					
		YES	3	STATES	+	GROUP TYPE NUMBER OF							1											
NON-OWNED	NO					EMPLOYE	ES						HIRED											
AUTO LIABILITY					VOLUNTEERS																			
						PARTNER							DAMAGE											
OTHER													1		COV	/ERAG	E IS:		F	PRIMARY	8	SECONDARY		
												OTHER												
COVERED AUTO SYM	BOLS			(64) OWN	IED COMMI	ERCIAL A	UTOS	ONL	Y	(67)	SPEC	CIFICALLY DES	CRIBE	D AUT	os		(70)	YOUR TF	RAILERS IN	N THE POS	SESSION OF		
(61) ANY AUTO (62) OWNED AUTOS C	NLY					IED AUTOS IED AUTOS							D AUTOS ONL LERS IN YOUR		ESSIO	N UND	ER				R UNDER	A TRAILER		
(63) OWNED PRIVATE		AUT	os c			Y UNINSUR							AILER INTERC							NED AUT				
ENDORSEMENT	<u>S/</u>	REN	/IAR	RKS (ACOR	D 10	1, Addit	ional F	Rema	irks	Sche	<u>edule</u>	, ma	y be attac	hed i	f mor	re sp	ace	is re	quired	l)				
SIGNATURE																								
ANY PERSON W CONTAINING A FA														DEFRA	UD 1	THE I	NSU	RER	BY SU	BMITTIN	G AN AF	PPLICATION		
I UNDERSTAND	ANE) AC	CKN	OWLEDGE 7	ТНАТ	UNINSU	RED N	ЮТО	RIST	BOE	OILY I	NJUF	RY (UMBI)	AND	UNDE	ERINS	SURE	D M	OTORIS	ST BOD	LY INJU	RY (UIMBI)		
COVERAGES HAY NOT LOWER THA FOUND IN THE A	AN T	HE N	MINI	MUM BI LIM	ITS F	REQUIRED	BY LA																	
I UNDERSTAND T AND CHANGES U									ICES	3 INDI	CATE	D HE	RE WILL AF	PPLY	TO AI	LL FU	ITUR	E PO	LICY R	ENEWAL	.s, cont	INUATIONS		
APPLICANT'S SIGNAT	URE						DATE			F	PRODU	CER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		