



AGENCY CUSTOMER ID: \_\_\_\_\_

**WASHINGTON 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	2 7	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	<b>PHYSICAL DAMAGE</b>		
ADD'L PERSONAL INJURY PROTECTION	2 7	\$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMP / OTC	2 4 8 3 7	
			SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
			COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED	AUTO LOAN	2 4 8 3 7	\$
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGES / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
				COVERAGES IS:	PRIMARY SECONDARY
<b>COVERED AUTO SYMBOLS</b>	(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)**

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**SIGNATURE**

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UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE \_\_\_\_\_ (INITIALS)

2. I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE \_\_\_\_\_ (INITIALS)

3. I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE \_\_\_\_\_ (INITIALS)

4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. \_\_\_\_\_ (INITIALS)

5. I HAVE REJECTED UIM BI COVERAGE \_\_\_\_\_ (INITIALS)      6. I HAVE REJECTED UIM PD 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																																																																														
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE																																																																								
LIABILITY	41	46	CSL	BI EA PER \$	COMP / OTC	42	47				\$																																																																								
	42	47		BI EACH ACCIDENT \$		43																																																																													
	43	50		PROPERTY DAMAGE \$		46																																																																													
PERSONAL INJURY PROTECTION	44			MEDICAL EXPENSE \$		42	47	SCL	FT	LSP	\$																																																																								
ADD'L PERSONAL INJURY PROTECTION	44			INCOME CONTIN \$		43		F	FTW																																																																										
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NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">TRAILER INTERCHANGE</th> </tr> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th colspan="2">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td>COMP / OTC</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>SPECIFIED CAUSES OF LOSS</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>COLLISION</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>TRAILER VALUE</td> <td colspan="7">\$</td> </tr> </tbody> </table>						TRAILER INTERCHANGE								COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		COMP / OTC	48								49							SPECIFIED CAUSES OF LOSS	48								49							COLLISION	48								49							TRAILER VALUE	\$						
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	CSL	BI EA PER \$	COMP / OTC	62	67				\$
	62	68	BI EACH ACCIDENT \$			63	68				
	63	71	PROPERTY DAMAGE \$			64					
	64										
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		INCOME CONTIN \$	FUNERAL EXPENSE \$		63	68	F	FTW		
						64					
ADD'L PERSONAL INJURY PROTECTION	65				COLLISION	62	67				\$
	67		\$			63	68				
MEDICAL PAYMENTS	62	64	EACH PERSON \$		TOWING & LABOR	63					\$
	63	67				67					
					AUTO LOAN	62	67				
						63	68				\$
						64					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$		COMP / OTC	69					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		70					
	NO		\$		SPECIFIED CAUSES OF LOSS	69					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS		70					
	NO		\$		COLLISION	69					\$
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	TRAILER VALUE \$						
	NO		EMPLOYEES		STATES		# DAYS	# VEH			
			VOLUNTEERS								
OTHER			PARTNERS		HIRED PHYSICAL DAMAGE						
					COVERAGE IS:		PRIMARY	SECONDARY			
					OTHER						

**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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- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. \_\_\_\_\_ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE \_\_\_\_\_ (INITIALS)
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**MANDATORY OFFER OF  
PERSONAL INJURY PROTECTION COVERAGE**

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

**Minimum Coverages:**

\_\_\_\_\_ Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

\_\_\_\_\_ Funeral Benefits: \$2,000 per each insured for funeral expenses.

\_\_\_\_\_ Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

\_\_\_\_\_ Loss of Services Benefit: Up to \$ \_\_\_\_\_ per each insured, subject to a limit of \$ \_\_\_\_\_ per day, not to exceed \$ \_\_\_\_\_ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

**Optional Coverages:**

\_\_\_\_\_ Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.

\_\_\_\_\_ Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

\_\_\_\_\_ Loss of Services Benefit: Up to \$ \_\_\_\_\_ per each insured, subject to a limit of \$ \_\_\_\_\_ per day, not to exceed \$ \_\_\_\_\_ per week.

**Rejection of Coverage:**

\_\_\_\_\_ I reject Personal Injury Protection Coverage in its entirety.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_