

# AGENCY CUSTOMER ID:

## WASHINGTON COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

NAMED INSURED(S)

POLICY NUMBER											FECTIVE DAT	E CARR	CARRIER								NAIC	CODE		
BUSINESS AUTO			N																					
COVERAGES COVERED AUTO SYMBOLS LIN											e		COVER	COVERACES				0.64	MBOL	e .	LIMITS			
LIABILITY	1         4         9         CSL           2         7         BI EACH ACC								BI EA PEF					COVERAGES				031	MBOL	.5				
		3	8				CAL		GE	\$ S	ERVICE		_											
PERSONAL INJURY PROTECTION		7				INCOME CONTIN \$				F	OSS \$ UNERAL XPENSE \$						PHYS	SICAI	LDAM	AGE				
ADD'L PERSONAL		2											TOWING & LABOR			3 7					\$			
INJURY PROTECTION		7			_	\$							COMP / OTO	2		2 3		4 7		3				
MEDICAL PAYMENTS		2 3	4 7		8	EACH	PERS	ON		\$			SPECIFIED CAUSES OF	LOSS		2 3		4 7		3				
													COLLISION	COLLISION			23			3				
		2	6				CSL	B	BI EA PEF	۲ ۲			AUTO LOAN	I		2		4		3	\$			
UNDERINSURED MOTORIST		3	7				CH AC PERTY AGE				\$	DE												
HIRED / BORROWED		YES	ST	TATE	S		r of hi				IF ANY BAS			STATI	ES	# DAYS		# VEH			COVERAGE	UCTIBL	E	
LIABILITY		NO YES	ST	TATE	S	\$ GROUP TYPE EMPLOYEES					NUME	BER OF	HIRED							$\vdash$	COMP SPEC C OF L	\$ \$		
NON-OWNED LIABILITY		NO											DAMAGE							F	COLL	\$		
						VOLUNTEERS PARTNERS			_					COVE		IS:			-	IMARY		SECON		
	NED A	D IUTOS C RIVATE		ENG	ER AU	JTOS C	NLY	(5)	OWNE	D AU	TOS SUBJE	CT TO NO-F	ATE PASSENG AULT MPULSORY UN				S LAV		(8) HI	RED	ICALLY DES AUTOS ONL WNED AUTO	Y		ros
ENDORSEMENT	S/F	REMA	RKS	(A(	COR	D 10 <sup>-</sup>	1, Ad	ditio	nal R	lema	arks Sch	edule, m	ay be attac	hed if n	nore	spa	ice is	s re	quir	ed)				
SIGNATURE																								
IT IS A CRIME T DEFRAUDING THE																	ANCI	ΕC	OMP	ANY	FOR TH	E Pl	JRPO	SE OF
UNDERINSURED N INJURY LIABILITY 1. I HAVE SELE	(BI) A	AND PF	ROPEI	RTY	DAM	IAGE L	IABIL	ITY (F	PD) CC	OVEF	RAGE.			RISTS C	OVEF	RAGE	E (UIN	Л) UF	> то <sup>-</sup>	THE	LIMITS OF	MY I	BODIL	Y
2. I HAVE SELEC													,							(151				
3. I HAVE SELEC																				•	,			
4. I HAVE SELE																					ITIALS)			
5. I HAVE REJE	СТЕГ	D UIM E	BI CO\	/ER/	AGE			(IN	IITIALS	)		6. I	HAVE REJEC	TED UIM	PD C	OVE						.S)		
I UNDERSTAND T AND CHANGES UI												CATED H	ERE WILL A	PPLY TC	ALL	FUT	URE	PO	LICY	REN	NEWALS, (	CON	TINUA	TIONS
APPLICANT'S SIGNATU	JRE							D	ATE			PRODUCER	'S SIGNATURE								NATIONAL	PRO	DUCER	NUMBER
											· · · · · ·													

ACORD 137 WA (2015/12)

Page 1 of 4 © 1996-2015 ACORD CORPORATION. All rights reserved.

Attach to ACORD 127 and/or 132

The ACORD name and logo are registered marks of ACORD

## TRUCKERS SECTION

### AGENCY CUSTOMER ID:

TRUCKERS SEC									1												
COVERAGES	COVER	RED AU	ло з	SYMBOLS		PHYSICAL DAMAGE															
	4		46		CSL	BI EA PER \$			COVERA	GES		COVE	RED	~		LIMITS		DEDUCTIBLE			
			40						COVERA	010	AL	JTO SY	MBOL			LINITO		DEDUCTIBLE			
LIABILITY	42	2	47		BI EACH ACCII	DENT \$						42		47							
	4:	3	50		PROPERTY DA	MAGE \$			COMP / OTC	;		43						\$			
					MEDICAL EXPENSE \$	S	SERVICE					46									
PERSONAL INJURY	44				EXPENSE \$	L	.OSS 🏻 🎙					-10									
PROTECTION	46	3 <u> </u>	_		INCOME CONTIN \$	E	UNERAL XPENSE \$					42		47	SCL	FT	LSP				
ADD'L PERSONAL	44	1							SPECIFIED	1.000		43			F	FTW	/	\$			
INJURY		、			\$				CAUSES OF	LUSS		-10		H				Ŷ			
PROTECTION	46	) 										46									
MEDICAL	42	2	46									42		47							
PAYMENTS	4	. —			EACH PERSON	\$ \$	COLLISION			43						\$					
	4											43						φ			
												46									
									TOWING & L	ABOR		46			\$						
									1011110 0 2						Ŷ						
		_	-			DI			-			42		47							
	42	2	46		CSL	BI EA PER \$			AUTO LOAN			43			\$						
UNDERINSURED	4:				BI EACH ACCI							46									
MOTORIST																					
	4	5			PROPERTY DAMAGE \$		\$	DED							FERCHAI						
NON-TRUCKERS	Y	ES	S	STATES	COST OF HIRE	.	IF ANY BA	sis	COVERA	GES	SYI	MBOL	# TR		S FARTH	# DAYS	RADIUS	DEDUCTIBLE			
HIRED / BORROWED	N	<u>_</u>						0.0							ZONL						
		0			\$				COMP / OTC	;		48									
TRUCKERS	Y	ES	S	STATES	COST OF HIRE	.	IF ANY BA	SIS				49									
HIRED / BORROWED LIABILITY	N	0			¢							40									
					\$				SPECIFIED			48									
	YES STATES				GROUP TYPE		NUM	MBER OF	CAUSES OF		49										
NON-OWNED	N	0			EMPLOY	FS						48									
AUTO									COLLISION									\$			
LIABILITY						ERS						49									
					PARTNER	s			TRAILER VA	LUE	\$										
OTHER										STA	TES	# F	AYS	#	VEH						
<b>U</b>																					
									HIRED												
									PHYSICAL												
									DAMAGE												
												(5040	- 10								
												/ERAG	E 15:			PRIMARY	3	ECONDARY			
									OTHER												
COVERED AUTO SYMBOLS(44) OWNED AUTOS SUBJECT TO NO-FAULT(46) SPECIFICALLY DESCRIBED AUTOS(49) YOUR TRAILERS IN THE PO(41) ANY AUTO(45) OWNED AUTOS SUBJECT TO A(47) HIRED AUTOS ONLYANOTHER TRUCKER UNDER																					
	D AUTOS ONLY LERS IN YOUR POSSESSION UNDER						ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT														
(42) OWNED AUTOS O (43) OWNED COMMER		TOSO			COMPULSORY MOTORIST LAV				AILER INTERCHANGE AGREEMENT						(50) NON-OWNED AUTOS ONLY						
( )				(1000										. ,							
ENDORSEMENT	S/RE	MAF	RKS	G (ACOR	D 101, Addi	tional Rem	arks Scl	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quired	)					
SIGNATURE																					
IT IS A CRIME 1			GI Y		E FALSE IN		OR MIS			ΝΤΟ	ΔN	INSU		E CO		IV FOR		RPOSE OF			
DEFRAUDING THE																					
DEITWODING		/				RIGORMEN	1,111120														
			$\sim$							PICTO	<u> </u>	EDVO	E // !!	M) 1 17	ייד הד מ						
INJURY LIABILITY								ONDERINGU		1013	000	LINAG		IVI) OF							
	. ,					. ,															
1. I HAVE SELE	CTED	JIM LI	MITS	S EQUAL 1	TO MY BI AND	PD COVERA	GE	(INI	TIALS)												
2. I HAVE SELE	CTEDI	JIM BI	LIM	ITS EQUA	L TO MY BI C	OVERAGE, BI	UT UIM PI	D LIMITS LOV	VER THAN M			ERAG	Ξ		(	INITIALS)					
															,	,					
3. I HAVE SELE	UIEDU	NIVI BI	LIM	ITS LOWE	R THAN MY E		E, BUT UN			IT PD C	JUVE	RAGI			(	INITALS)					
4. I HAVE SELE	CTED L	JIM BI	LIM	ITS AND U	JIM PD LIMITS	LOWER THA	AN MY BI A	AND PD COV	ERAGE.						(	INITIALS)					
5. I HAVE REJE	CTEDI		CO	VERAGE		(INITIALS)		6 14	AVE REJEC	TED U	м рп										
J. THAVE REJE		ום זיזויי	00	VEN/AGE		(INTTALS)		U. 10/			עררט		LIVAG	·		(INI	HALO)				
I UNDERSTAND T							DICES INI	DICATED HE	RE WILL A	PPLY T	O A	LL FU	TUR		LICY R	ENEWAL	S, CONT	INUATIONS			
AND CHANGES U		I NO	TIFY	YOU OTI	HERWISE IN	1															
APPLICANT'S SIGNATU	JRE					DATE		PRODUCER'S	CICNIATURE									UCER NUMBER			
									SIGNATURE								VALPROD				
									SIGNATURE								VALPROD	UCER NUMBER			

l

## MOTOR CARRIER SECTION

#### AGENCY CUSTOMER ID:

COVERAGES		COVERED AUTO SYMBOLS LIMITS									PHYSICAL DAMAGE											
	61 67					CSL	COVERA	GES	A	COVE UTO SY	RED			LIMITS		DEDUCTIBLE						
		62		68	BIE	ACH ACCID	BI EAPER \$ ENT \$						62		67							
LIABILITY		63		71	PRO	DPERTY DAM	AGE \$	;		COMP / OTC	)		63		68				\$			
		64											64									
		65			EXF	PENSE \$		SERVICE LOSS \$					62		67	SCL	FT	LSP				
PERSONAL INJURY PROTECTION		67				OME NTIN \$		FUNERAL EXPENSE \$		SPECIFIED CAUSES OF	LOSS		63		68	F FTW			\$			
													64									
ADD'L PERSONAL INJURY		65											62		67							
PROTECTION		67			\$					COLLISION			63		68			\$				
													64									
MEDICAL PAYMENTS		62 64				H PERSON	\$	;		TOWING & L	ABOR		63		:	\$						
FAIMENIS		63		67									67									
										AUTO LOAN			62	-	67							
										AUTO LOAN			63	-	68	\$						
		<u></u>				001	BI EA PER \$						64			ERCHAN	0E					
UNDERINSURED							-	)		COVERA	GES	sv	MBOL				# DAYS	RADIUS	DEDUCTIBLE			
MOTORIST	63 67 64				BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ D					COVERAGES			69	# 110		ZONE	# DATO	KADIOO	DEDOGTIBLE			
NON-TRUCKERS	YES STATES					ST OF HIRE		IF ANY BA	DED	COMP / OTC	)		70									
HIRED / BORROWED	NO			\$			] / ( 2/1	0.0	SPECIFIED			69										
TRUCKERS	YES STATES			cos	ST OF HIRE		IF ANY BA	SIS	CAUSES OF	LOSS		70										
HIRED / BORROWED	NO				\$			1					69									
	YES STATES				GR	OUP TYPE		NUM	MBER OF	COLLISION			70						\$			
NON-OWNED		NO				EMPLOYE	ES			TRAILER VA	LUE	\$										
AUTO LIABILITY						VOLUNTEE	RS				STA	TES	# C	AYS	#`	VEH						
						PARTNERS	8															
OTHER										HIRED												
										PHYSICAL DAMAGE												
												co	VERAG	E IS:		P	RIMARY	s	ECONDARY			
										OTHER	OTHER											
(61) ANY AUTO	BOLS						RCIAL AUTO SUBJECT TC			IFICALLY DES		D AUT	ros						SESSION OF A TRAILER			
(62) OWNED AUTOS O		A T	~~ ~	(66)	OWN	NED AUTOS	SUBJECT TO	A COMPUL	- (69) TRAIL	LERS IN YOUR	R POSSE				11	NTERCH	ANGE AGF	REEMENT				
(63) OWNED PRIVATE							ED MOTORIS			-	-	-			. ,		NED AUTO	SUNLY				
	3/1		IAR	INS (ACOR		JI, Additi	onal Ren	Iarks Sci	neuule, ma	y De allac	nea n	mo	re sp	ace	is rec	,uirea						
SIGNATURE																						
IT IS A CRIME 1 DEFRAUDING THE														RANC	CE CO	OMPAN	Y FOR	THE PU	RPOSE OF			
	лото	DRIS	TS C	COVERAGE S	TAT	EMENT: I H	AVE BEEN	OFFERED	UNDERINSL	JRED MOTO	RISTS	COV	/ERAG	E (UI	M) UP	TOTH	ELIMITS	OF MY B	ODILY			
INJURY LIABILITY													-	<b>(</b> -	, -		-		-			
1. I HAVE SELE	CTEI	D UIN	/I LIN	VITS EQUAL	TO N	IY BI AND F	PD COVERA	AGE	(INI	TIALS)												
2. I HAVE SELE																	,					
3. I HAVE SELE											/IY PD (	COVI	ERAGI	=		(I	NITIALS)					
4. I HAVE SELE														_		(I	,					
5. I HAVE REJE	CTEI		ИВI	COVERAGE		(	INITIALS)		6. IH/	AVE REJEC	TED UI	M PE	D COV	ERAG	θE _		(INI <sup>-</sup>	FIALS)				
I UNDERSTAND T AND CHANGES U								OICES INI	DICATED HE	RE WILL AI	PPLY 1	TO A	LL FU	TURI	E POL	ICY RE	NEWAL	S, CONT	INUATIONS			
APPLICANT'S SIGNATU	JRE						DATE		PRODUCER'S	SIGNATURE							NATION	IAL PROD	JCER NUMBER			
ACORD 137 WA	(201	5/1:	2)					Pa	age 3 of 4													

### 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 \_\_\_\_\_