



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

**KANSAS 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	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	STATUTORY LIMITS	PHYSICAL DAMAGE		
	7				
ADDITIONAL P.I.P.	5	OPTION 1	TOWING & LABOR	3 7	\$
	7	OPTION 2	COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
HIRE / BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRE PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NO					COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	COVERAGE IS:	
	NO	EMPLOYEES VOLUNTEERS PARTNERS			PRIMARY
<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**

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT.

(INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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																						
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$																						
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$																						
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	46 <input type="checkbox"/>	STATUTORY LIMITS	COVERAGES	LIMITS	DEDUCTIBLE																			
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTION 1																						
	46 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTION 2																						
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																		
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																		
	43 <input type="checkbox"/>	46 <input type="checkbox"/>	BI EACH ACCIDENT \$																						
	45 <input type="checkbox"/>	46 <input type="checkbox"/>																							
				<b>TRAILER INTERCHANGE</b>																					
				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	NUMBER OF	COLLISION	48 <input type="checkbox"/>				\$															
	NO <input type="checkbox"/>		EMPLOYEES			49 <input type="checkbox"/>																			
			VOLUNTEERS		TRAILER VALUE	\$																			
OTHER			PARTNERS																						
				STATES	# DAYS	# VEH																			
				COVERAGE IS:		PRIMARY		SECONDARY																	
				OTHER																					
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">(41) ANY AUTO</td> <td style="width:33%;">(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td style="width:33%;">(46) SPECIFICALLY DESCRIBED AUTOS</td> </tr> <tr> <td>(42) OWNED AUTOS ONLY</td> <td>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(47) HIRED AUTOS ONLY</td> </tr> <tr> <td>(43) OWNED COMMERCIAL AUTOS ONLY</td> <td></td> <td>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(50) NON-OWNED AUTOS ONLY</td> </tr> </table>											(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(43) OWNED COMMERCIAL 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
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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	STATUTORY LIMITS		SPECIFIED CAUSES OF LOSS		62	67		<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP													
	67				63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW															
ADDITIONAL P.I.P.	65	OPTION 1		COLLISION	62	67																
	67	OPTION 2			63	68																
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				COMP / OTC	69																
					SPECIFIED CAUSES OF LOSS	70																
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$												
	NO				70																	
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE \$																		
	NO			STATES	# DAYS	# VEH																
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE																		
	NO		EMPLOYEES		NUMBER OF																	
			VOLUNTEERS																			
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