



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

**OKLAHOMA 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 \$			
			<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$	COLLISION	2 3 4 7 8	
		BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS			NUMBER OF
<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	COVERAGE IS:	PRIMARY	SECONDARY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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																			
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 \$																			
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$																
				46 <input type="checkbox"/>																		
				42 <input type="checkbox"/>			47 <input type="checkbox"/>	\$														
MEDICAL PAYMENTS	43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	43 <input type="checkbox"/>	COLLISION	\$																
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	46 <input type="checkbox"/>																		
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$				TOWING & LABOR	\$														
	45 <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"/>		<input type="checkbox"/> EMPLOYEES		49 <input type="checkbox"/>																	
			<input type="checkbox"/> VOLUNTEERS		TRAILER VALUE \$																	
OTHER			<input type="checkbox"/> PARTNERS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH														
						COVERAGE IS:	PRIMARY	SECONDARY														
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; font-size: small;"> <tr> <td>(41) ANY AUTO</td> <td>(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(46) SPECIFICALLY DESCRIBED AUTOS</td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</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> <td>(50) NON-OWNED 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> <td></td> </tr> </table>											(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(50) NON-OWNED AUTOS ONLY	(43) OWNED COMMERCIAL AUTOS ONLY		(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT																			
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(43) OWNED COMMERCIAL AUTOS ONLY		(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT																				

**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				
						SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$
							63	68	<input type="checkbox"/> F	<input type="checkbox"/> FTW		
							64					
						COLLISION	62	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					COMP / OTC	69					
							70					
						SPECIFIED CAUSES OF LOSS	69					
							70					
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	COLLISION	69					\$
	<input type="checkbox"/> NO		\$				70					
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	TRAILER VALUE	\$					
	<input type="checkbox"/> NO		\$				STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE						
	<input type="checkbox"/> NO		<input type="checkbox"/> EMPLOYEES									
			<input type="checkbox"/> VOLUNTEERS									
			<input type="checkbox"/> PARTNERS									
OTHER						OTHER	COVERAGE IS:		PRIMARY	SECONDARY		

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

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