



SOUTH DAKOTA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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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 \$			
SUPPLEMENTAL AUTO COVERAGES	2 7	\$ AUTO DEATH BEN \$10,000 EA PER TOT DIS- ABIL BEN \$60 PER PERSON GAINFUL EMPL \$30 PER PERS-NOT GAINFUL EMPL	PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			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 3 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
	4				
UNDERINSURED MOTORIST	2 6 3 7	CSL BI EA PER \$ BI EACH ACCIDENT \$			
	4				
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 NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42		BI EACH ACCIDENT \$		COMP / OTC	42			46	
	43		PROPERTY DAMAGE \$			43			47	
SUPPLEMENTAL AUTO COVERAGES	44	\$	AUTO DEATH BEN \$10,000 EA PER	SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP	
	46	TOT DIS-ABIL BEN \$60	PER PERSON GAINFUL EMPL \$30			43	47	F	FTW	
				COLLISION	42	46				
					43	47				
MEDICAL PAYMENTS	42		EACH PERSON \$	TOWING & LABOR	46					
	43									
UNINSURED MOTORIST	42	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	43		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45			COMP / OTC	48					
UNDERINSURED MOTORIST	42	CSL	BI EA PER \$		49					
	43		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48					
	45				49					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE IF ANY BASIS	COLLISION	48					
	NO		\$		49					\$
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$							
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE							
	NO		EMPLOYEES	NUMBER OF						
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER						
				COVERAGE IS:			PRIMARY		SECONDARY	

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED 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

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

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													
SUPPLEMENTAL AUTO COVERAGES	65		\$	AUTO DEATH BEN	\$10,000	EA PER	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		\$
	67		TOT DIS-ABIL BEN	\$60	PER PERSON GAINFUL EMPL	\$30		PER PERS-NOT GAINFUL EMPL	63	68	F	FTW		
							COLLISION	62	67					\$
								63	68					
								64						
MEDICAL PAYMENTS	62	64			EACH PERSON	\$	TOWING & LABOR	63						\$
	63	67						67						
UNINSURED MOTORIST	62	66	CSL	BI	EA PER	\$	TRAILER INTERCHANGE							
	63	67			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64						COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	CSL	BI	EA PER	\$		70						
	63	67			BI EACH ACCIDENT	\$	SPECIFIED CAUSES OF LOSS	69						
	64							70						
NON-TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE	IF ANY BASIS	COLLISION	69						\$
	NO				\$			70						
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES			COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO				\$									
NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE	NUMBER OF								
	NO				EMPLOYEES									
					VOLUNTEERS									
					PARTNERS									
OTHER							OTHER							
COVERED AUTO SYMBOLS		(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT										
(61) ANY AUTO		(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY										
(62) OWNED AUTOS ONLY		(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT											
(63) OWNED PRIVATE PASS AUTOS ONLY														

ENDORSEMENTS / REMARKS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

- I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. _____ (INITIALS)
- I REJECT THESE COVERAGES ENTIRELY. _____ (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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