



VIRGINIA 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 \$			
INCOME LOSS	2 7	EACH PERSON \$	PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL EXPENSES	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	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGES 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

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

TRUCKERS SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE															
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE								
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	42	<input type="checkbox"/>	46					\$
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	BI EACH ACCIDENT		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47										
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$														
INCOME LOSS	<input type="checkbox"/>	44			EACH PERSON		\$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$		
	<input type="checkbox"/>	46							<input type="checkbox"/>	43	<input type="checkbox"/>	47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW					
								COLLISION	<input type="checkbox"/>	42	<input type="checkbox"/>	46									\$
MEDICAL EXPENSES	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON		\$	TOWING & LABOR	<input type="checkbox"/>	46			\$								
	<input type="checkbox"/>	43																			
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE									
	<input type="checkbox"/>	43			BI EACH ACCIDENT		\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE							
	<input type="checkbox"/>	45			PROPERTY DAMAGE		\$	COMP / OTC	<input type="checkbox"/>	48											
								SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	48											
								COLLISION	<input type="checkbox"/>	48											\$
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS	STATES	# DAYS	# VEH											
	<input type="checkbox"/>	NO		\$																	
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS														
	<input type="checkbox"/>	NO		\$																	
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="text"/>															
				<input type="checkbox"/>	VOLUNTEERS	<input type="text"/>															
				<input type="checkbox"/>	PARTNERS	<input type="text"/>															
OTHER								OTHER			COVERAGE IS:	<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	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	<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					
INCOME LOSS	65		EACH PERSON \$	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				
				COLLISION	62	67		\$			
					63	68					
					64						
MEDICAL EXPENSES	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		PROPERTY DAMAGE \$	COMP / OTC	69						
					70						
				SPECIFIED CAUSES OF LOSS	69						
					70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$	
					70						
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE								
			EMPLOYEES		NUMBER OF						
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER							

ENDORSEMENTS / REMARKS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. _____
(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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