

ACORD™ ARIZONA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

| | |
|----------|---------------------------------|
| PRODUCER | APPLICANT (First Named Insured) |
|----------|---------------------------------|

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 \$ | | | |
| PHYSICAL DAMAGE | | | | | |
| | | | TOWING & LABOR | 3 7 | \$ |
| | | | COMPREHENSIVE | 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 | | | | |
| UNDERINSURED MOTORIST | 2 6 | CSL BI EA PER \$ | | | |
| | 3 7 | 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 | | | |
| | | | COVERED AUTO SYMBOLS | | |
| (1) ANY AUTO | | (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER | | (7) AUTOS SPECIFIED ON SCHEDULE | |
| (2) ALL OWNED AUTOS | | (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE | | (8) HIRED AUTOS | |
| (3) OWNED PRIVATE PASSENGER AUTOS | | (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW | | (9) NON-OWNED AUTOS | |

TRUCKERS SECTION

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | |
|----------------------------------|----------------------|---|----------------------------|--|---------------------|---|--|
| LIABILITY | 41 46 | CSL BI EA PER \$ | COMPREHENSIVE | 42 46 | | | |
| | 42 47 | BI EACH ACCIDENT \$ | | 43 47 | | \$ | |
| | 43 50 | PROPERTY DAMAGE \$ | | | | | |
| | | | SPECIFIED CAUSES OF LOSS | 42 46 43 47 | SCL FT LSP F FTW | \$ | |
| | | | COLLISION | 42 46 43 47 | | \$ | |
| MEDICAL PAYMENTS | 42 46 43 | EACH PERSON \$ | TOWING & LABOR | 46 | | \$ | |
| UNINSURED MOTORIST | 42 46 | CSL BI EA PER \$ | TRAILER INTERCHANGE | | | | |
| | 43 45 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE # DAYS RADIUS DEDUCTIBLE | |
| | 45 | | COMPREHENSIVE | 48 49 | | | |
| UNDERINSURED MOTORIST | 42 46 | CSL BI EA PER \$ | SPECIFIED CAUSES OF LOSS | 48 49 | | | |
| | 43 45 | BI EACH ACCIDENT \$ | | | | | |
| | 45 | | | | | | |
| NON-TRUCKERS HIRED/BORROWED | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | COLLISION | 48 49 | | \$ | |
| HIRED/BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | | | |
| NON-OWNED AUTO LIABILITY | YES STATES NO | GROUP TYPE NUMBER OF | | | | | |
| | | EMPLOYEES VOLUNTEERS PARTNERS | | | | | |
| | | | COVERED AUTO SYMBOLS | | | | |
| (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 | | | |

MOTOR CARRIER SECTION

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | | | | | |
|-----------------------------|----------------------|--------|--|----------------------------|---------------|---|--------------|---------------|---------------|-------------------|-----------|
| LIABILITY | 61 | 67 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | COMPREHENSIVE | 62 | 67 | | | | \$ | |
| | 62 | 68 | BI EACH ACCIDENT \$ | | 63 | 68 | | | | | |
| | 63 | 71 | PROPERTY DAMAGE \$ | | 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 | STATE | # DAYS | RADIUS | DEDUCTIBLE | |
| UNDERINSURED MOTORIST | 62 | 66 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | COMPREHENSIVE | 69 | | | | | | |
| | 63 | 67 | BI EACH ACCIDENT \$ | SPECIFIED CAUSES OF LOSS | 70 | | | | | | |
| | 64 | | | | 69 | | | | | | |
| NON-TRUCKERS HIRED/BORROWED | YES | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | COLLISION | 69 | | | | | | \$ |
| | NO | | \$ | | 70 | | | | | | |
| HIRED/BORROWED LIABILITY | YES | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | | |
| | NO | | \$ | | | | | | | | |
| NON-OWNED AUTO LIABILITY | YES | STATES | GROUP TYPE | | COVERAGE IS: | | | | | | |
| | NO | | EMPLOYEES | | NUMBER OF | | | PRIMARY | | | SECONDARY |
| | | | VOLUNTEERS | | | | | | | | |
| | | | PARTNERS | | | | | | | | |
| OTHER | | | | OTHER | | | | | | | |

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

ENDORSEMENTS

AS DESCRIBED IN ARIZONA REVISED STATUTE 20-2104(C), A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON OUR 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. ALSO, PURSUANT TO ARIZONA REVISED STATUTE 20-2104(B), IF YOU ARE INTERESTED IN OBTAINING A COMPLETE DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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 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.

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE |
|-----------------------|------|----------------------|