



DELAWARE COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

PRODUCER	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 \$			
PERSONAL INJURY PROTECTION	5	EA PER \$ EA ACC \$	PHYSICAL DAMAGE		
	7	DED \$ <input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INS & RES RELATIVES			
ADDITIONAL P.I.P.	5	EA PER \$ EA ACC \$	TOWING & LABOR	3 7	\$
	7	<input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INSURED & RESIDENT RELATIVES	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				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COMP \$ SPEC C OF L \$ COLL \$
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	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$				
	43 50	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	44	EA PER \$ EA ACC \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
	46	DED \$ <input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INS & RES RELATIVES				
ADDITIONAL P.I.P.	44	EA PER \$ EA ACC \$	COLLISION	42 46 43 47		\$
	46	<input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INSURED & RESIDENT RELATIVES				
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43	BI EACH ACCIDENT \$	COMPREHENSIVE	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>				
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
		EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY			
OTHER			OTHER			
COVERED AUTO SYMBOLS		(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		

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	CSL	BI EA PER	67	\$				
	62		BI EACH ACCIDENT	68	\$				
	63		PROPERTY DAMAGE	71	\$				
	64								
PERSONAL INJURY PROTECTION	65	EA PER \$	EA ACC \$	67	SCL	FT	LSP		
	67	DED \$	NAMED INSURED		F	FTW			
ADDITIONAL P.I.P.	65	EA PER \$	EA ACC \$	67					
	67	NAMED INSURED	NAMED INSURED & RESIDENT RELATIVES						
MEDICAL PAYMENTS	62	EACH PERSON	\$	63		\$			
	63			67					
UNINSURED MOTORIST	62	CSL	BI EA PER	66					
	63		BI EACH ACCIDENT	67					
	64								
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
			COMPREHENSIVE	69					
				70					
			SPECIFIED CAUSES OF LOSS	69					
				70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS				
	NO		\$						\$
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	STATES	# DAYS	# VEH	
	NO		\$						
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE			
	NO		EMPLOYEES						
			VOLUNTEERS						
		PARTNERS							
OTHER					OTHER				
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>									

ENDORSEMENTS

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 INSTRUCTION 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 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 THE SUPPLEMENT TO THIS APPLICATION.

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
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