



# NORTH 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 \$			
PERSONAL INJURY PROTECTION	5 7	\$	<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	3 7	\$
ADDITIONAL P.I.P.	5 7	WK LOSS/SUR-VIV INC LOSS \$ FUNERAL EXP \$	COMPREHENSIVE	2 4 8 3 7	
		REPL SVCS/SRV RPL LOSS \$ TOTAL ADDL PIP LIMIT \$			
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
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			
		EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGES IS:		PRIMARY SECONDARY
<b>COVERED AUTO SYMBOLS</b>	(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 \$		42 46			\$
	43 50	PROPERTY DAMAGE \$		43 47			\$
PERSONAL INJURY PROTECTION	44 46	\$	SPECIFIED CAUSES OF LOSS	42 46 SCL FT LSP 43 47 F FTW	\$		
ADDITIONAL P.I.P.	44 46	WK LOSS/SUR-VIV INC LOSS \$ FUNERAL EXP \$	COLLISION	42 46 43 47	\$		
		REPL SVCS/SRV RPL LOSS \$ TOTAL ADDL PIP LIMIT \$					
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$		
UNINSURED/UNDERINSURED MOTORIST	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	<b>TRAILER INTERCHANGE</b>				
			COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE	
			COMPREHENSIVE	48 49			
			SPECIFIED CAUSES OF LOSS	48 49			
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					
			COVERAGES IS:		PRIMARY SECONDARY		
OTHER			OTHER				
<b>COVERED AUTO SYMBOLS</b>	(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			

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	61 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$		62 <input type="checkbox"/> 67 <input type="checkbox"/>					
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>					
	64 <input type="checkbox"/>			64 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/>	\$	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/>	63 <input type="checkbox"/> 68 <input type="checkbox"/>	64 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$	
ADDITIONAL P.I.P.	65 <input type="checkbox"/> 67 <input type="checkbox"/>	WK LOSS/SUR-VIV INC LOSS \$ FUNERAL EXP \$	REPL SVCS/SRV REP LOSS \$ TOTAL ADDL PIP LIMIT \$	COLLISION	62 <input type="checkbox"/> 67 <input type="checkbox"/>	63 <input type="checkbox"/> 68 <input type="checkbox"/>	64 <input type="checkbox"/>	\$	
MEDICAL PAYMENTS	62 <input type="checkbox"/> 64 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>	67 <input type="checkbox"/>		\$		
UNINSURED/UNDERINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		COMPREHENSIVE	69 <input type="checkbox"/>					
				70 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/> STATES NO <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/>	70 <input type="checkbox"/>				\$
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> STATES NO <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES NO <input type="checkbox"/>	GROUP TYPE							
		EMPLOYEES		NUMBER OF					
		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**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. \_\_\_\_\_ (INITIALS)

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. 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 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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