

ACORD™ OKLAHOMA 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 \$			
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				
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		

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 SCL FT LSP 43 47 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 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45		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	COVERAGES/DEDUCTIBLE	
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				
		EMPLOYEES VOLUNTEERS PARTNERS				
			COVERAGES IS: PRIMARY SECONDARY			
OTHER			OTHER			
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		

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE										
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/> CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA	PER	\$	COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67					\$
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT		\$	<input type="checkbox"/>	63	<input type="checkbox"/>	68										
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	PROPERTY DAMAGE		\$	<input type="checkbox"/>	64	<input type="checkbox"/>	64										
	<input type="checkbox"/>	64						<input type="checkbox"/>	62	<input type="checkbox"/>	67		<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT					
<input type="checkbox"/>	63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	<input type="checkbox"/>	63	<input type="checkbox"/>	68										
<input type="checkbox"/>	64	<input type="checkbox"/>	64	<input type="checkbox"/>	63	<input type="checkbox"/>	68	<input type="checkbox"/>	64	<input type="checkbox"/>	67	<input type="checkbox"/>	68	\$							
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON		\$	TOWING & LABOR		<input type="checkbox"/>	63	<input type="checkbox"/>	67	\$							
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/> CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA	PER	\$	TRAILER INTERCHANGE									
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT		\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE							
	<input type="checkbox"/>	64						COMPREHENSIVE	<input type="checkbox"/>	69	<input type="checkbox"/>	70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	69	<input type="checkbox"/>	70	<input type="checkbox"/>	69	<input type="checkbox"/>	70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	\$	COLLISION	<input type="checkbox"/>	69	<input type="checkbox"/>	70	\$								
HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	\$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH										
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE	NUMBER OF				COVERAGES IS:	PRIMARY	SECONDARY										
	<input type="checkbox"/>	NO		<input type="checkbox"/>	EMPLOYEES	<input type="checkbox"/>															
	<input type="checkbox"/>			<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>															
OTHER								OTHER													

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.

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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
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