



SOUTH 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 \$			
SUPPLEMENTAL AUTO COVERAGES	5	AUTO DEATH BEN \$10,000 EA PER	PHYSICAL DAMAGE		
	7	TOT DIS-ABIL BEN \$60 PER PERSON GAINFUL EMPL \$30 PER PERS-NOT GAINFUL EMPL			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	TOWING & LABOR	3 7	\$
	3 7		COMPREHENSIVE	2 4 8	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	3 7	
	3 7	BI EACH ACCIDENT \$		2 4 8	
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NO	\$				COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			SPEC C OF L \$
	NO	EMPLOYEES			COLL \$
		VOLUNTEERS			
		PARTNERS			
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 \$		42 46				\$	
	43 50	PROPERTY DAMAGE \$		43 47					
SUPPLEMENTAL AUTO COVERAGES	44	AUTO DEATH BEN \$10,000 EA PER	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
	46	TOT DIS-ABIL BEN \$60 PER PERSON GAINFUL EMPL \$30 PER PERS-NOT GAINFUL EMPL		43 47	F FTW				
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	42 46		\$			
	43			43 47					
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43 45	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48 49					
	43 45	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	COLLISION	48 49					\$
NO	\$								
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NO	\$								
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF							
	NO	EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
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							
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									
SUPPLEMENTAL AUTO COVERAGES	65		\$ <input type="checkbox"/> AUTO DEATH BEN <input type="checkbox"/> \$10,000 EA PER	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP		\$	
	67		TOT DIS-ABIL BEN <input type="checkbox"/> \$60 PER PERSON GAINFUL EMPL <input type="checkbox"/> \$30 PER PERS-NOT GAINFUL EMPL		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW			
				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					
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		NUMBER OF		PRIMARY					
					EMPLOYEES	SECONDARY				
			VOLUNTEERS							
			PARTNERS							
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.

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 THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT THESE COVERAGES ENTIRELY. _____ (INITIALS)

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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