



AGENCY CUSTOMER ID: _____

**TENNESSEE COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

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	\$	
			COMP / OTC	2	4	
				3	7	8
MEDICAL PAYMENTS	2	4	8	EACH PERSON	\$	
	3	7				
UNINSURED / UNDERINSURED MOTORIST	2	6		CSL	BI EA PER \$	
	3	7			BI EACH ACCIDENT \$	
	4				PD EA ACC \$ \$ DED	
HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	
	NO		\$			
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	
	NO		EMPLOYEES			
			VOLUNTEERS			
			PARTNERS			
			COVERAGE IS:		PRIMARY	SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY			

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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	NATIONAL PRODUCER NUMBER
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																						
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$																						
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$																						
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																			
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																			
				43 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP																				
				46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW																				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																			
UNINSURED / UNDERINSURED MOTORIST	43 <input type="checkbox"/>		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	43 <input type="checkbox"/>																					
	44 <input type="checkbox"/>	46 <input type="checkbox"/>	BI EACH ACCIDENT \$	46 <input type="checkbox"/>																					
	45 <input type="checkbox"/>		PD EA ACC \$ \$ DED	46 <input type="checkbox"/>		\$																			
			TRAILER INTERCHANGE																						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																
NON-TRUCKERS HIRED / BORROWED			YES STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	48 <input type="checkbox"/>	49 <input type="checkbox"/>																		
										NO															
TRUCKERS HIRED / BORROWED LIABILITY			YES STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	48 <input type="checkbox"/>	49 <input type="checkbox"/>																		
										NO															
NON-OWNED AUTO LIABILITY			YES STATES	GROUP TYPE	NUMBER OF	48 <input type="checkbox"/>	49 <input type="checkbox"/>		\$																
										NO															
										<input type="checkbox"/> EMPLOYEES															
OTHER																									
			<input type="checkbox"/> VOLUNTEERS																						
			<input type="checkbox"/> PARTNERS																						
			TRAILER VALUE \$																						
			STATES	# DAYS	# VEH																				
			COVERAGE IS:			PRIMARY		SECONDARY																	
			OTHER																						
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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																			
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE														
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67													
	63	71	PROPERTY DAMAGE \$			63			68													
	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 / UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE																		
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
	64		PD EA ACC \$ \$ DED	COMP / OTC	69																	
					70																	
				SPECIFIED CAUSES OF LOSS	69																	
					70																	
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$												
	NO	\$			70																	
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$																	
	NO	\$			STATES	# DAYS	# VEH															
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE																		
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