



AGENCY CUSTOMER ID: _____

**MISSISSIPPI 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 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	SCL FT LSP F FTW
UNINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7	
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	COVERAGE IS:	COMP \$
	NO	NUMBER OF			SPEC C OF L \$
	EMPLOYEES VOLUNTEERS PARTNERS				COLL \$
				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**

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I ALSO UNDERSTAND THAT STATE LAW ALLOWS ME TO PURCHASE UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, TO REJECT UM PD ONLY, OR TO REJECT UM BI AND UM PD COVERAGES ENTIRELY. ADDITIONALLY, I HAVE READ AND SIGNED THE MISSISSIPPI AUTO SUPPLEMENT, ACORD 62 MS.

ALSO, IF I HAVE FOUR (4) OR MORE COVERED MOTOR VEHICLES AND I HAVE SELECTED "NON-STACKABLE" UM COVERAGE, I HAVE COMPLETED THE STATE SUPPLEMENT, ACORD 61 MS.

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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ACORD 137 MS (2016/07)

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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

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

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

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MOTOR CARRIER SECTION

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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 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		PROPERTY DAMAGE \$	COMP / OTC	69					
						70				
				SPECIFIED CAUSES OF LOSS	69					
					70					
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		70					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	TRAILER VALUE \$						
			EMPLOYEES	STATES	# DAYS	# VEH				
			VOLUNTEERS							
			PARTNERS	HIRED PHYSICAL DAMAGE						
OTHER				COVERAGE IS:		PRIMARY	SECONDARY			
				OTHER						

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