



AGENCY CUSTOMER ID: _____

**MASSACHUSETTS 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
BODILY INJURY LIABILITY	1 4 9 2 7 3 8	BI EACH PERSON \$ BI EACH ACCIDENT \$			
COMPULSORY PERSONAL INJURY PROTECTION	5 7	PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 4 9 2 7 3 8	EACH ACCIDENT \$	PHYSICAL DAMAGE		
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 7	\$
COMPULSORY UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 7	
OPTIONAL HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			COMP \$ SPEC C OF L \$
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	COVERAGE IS:	PRIMARY	SECONDARY
					(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

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

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SIGNATURE

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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	NATIONAL PRODUCER NUMBER
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE					
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE		
BODILY INJURY LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL COMPREHENSIVE	42 <input type="checkbox"/>		\$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>		43 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>		46 <input type="checkbox"/>				
COMPULSORY PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	PER PERSON \$ _____ DED \$ _____ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 <input type="checkbox"/>	EACH ACCIDENT \$ _____		43 <input type="checkbox"/>	SCL <input type="checkbox"/>		FT <input type="checkbox"/>	LSP <input type="checkbox"/>
	42 <input type="checkbox"/>			46 <input type="checkbox"/>	F <input type="checkbox"/>		FTW <input type="checkbox"/>	
OPTIONAL MEDICAL PAYMENTS	42 <input type="checkbox"/>	EACH PERSON \$ _____	OPTIONAL COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$		
COMPULSORY UNINSURED MOTORIST	43 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ _____		43 <input type="checkbox"/>	46 <input type="checkbox"/>			
	45 <input type="checkbox"/>	BI EACH ACCIDENT \$ _____	OPTIONAL TOWING & LABOR	46 <input type="checkbox"/>	\$ _____			
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$ _____		TRAILER INTERCHANGE				
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ _____	OPTIONAL COMPREHENSIVE	48 <input type="checkbox"/>				
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$ _____	49 <input type="checkbox"/>					
	45 <input type="checkbox"/>		OPTIONAL SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>				
OPTIONAL BODILY INJURY TO OTHERS	41 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ _____	OPTIONAL COLLISION	49 <input type="checkbox"/>		\$		
	42 <input type="checkbox"/>	BI EACH ACCIDENT \$ _____		48 <input type="checkbox"/>				
	43 <input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION	49 <input type="checkbox"/>					
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES STATES _____ NO _____	COST OF HIRE _____ IF ANY BASIS _____ \$ _____	TRAILER VALUE \$ _____					
OPTIONAL TRUCKERS HIRED / BORROWED	YES STATES _____ NO _____	COST OF HIRE _____ IF ANY BASIS _____ \$ _____	OPTIONAL HIRED PHYSICAL DAMAGE	STATES _____	# DAYS _____	# VEH _____		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES _____ NO _____	GROUP TYPE _____ NUMBER OF _____		COVERAGE IS: _____	PRIMARY _____	SECONDARY _____		
		EMPLOYEES _____						
		VOLUNTEERS _____						
OTHER			OTHER					

COVERED AUTO SYMBOLS
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER
 (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW (48) TRAILERS IN YOUR POSSESSION UNDER 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

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE								
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
BODILY INJURY LIABILITY	61		67	BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	62		67					\$
	62		68	BI EACH ACCIDENT	\$		63		68					
	63		71				64							
	64													
COMPULSORY PERSONAL INJURY PROTECTION	65			PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62		67	SCL		FT		LSP
	67			YOURSELF <input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		63		68	F		FTW		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61		64	EACH ACCIDENT	\$	OPTIONAL COLLISION	62		67					\$
	62		67				63		68					
	63		68				64							
OPTIONAL MEDICAL PAYMENTS	62		64	EACH PERSON	\$	OPTIONAL TOWING & LABOR	63						\$	
	63		67				67							
COMPULSORY UNINSURED MOTORIST	62		66	CSL <input type="checkbox"/>	BI EA PER \$									
	63		67	BI EACH ACCIDENT	\$									
	64			PROPERTY DAMAGE	\$									
UNDERINSURED MOTORIST	62		66	CSL <input type="checkbox"/>	BI EA PER \$	TRAILER INTERCHANGE								
	63		67	BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64					OPTIONAL COMPREHENSIVE	69							
OPTIONAL BODILY INJURY TO OTHERS	61		64	CSL <input type="checkbox"/>	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70							
	62		67	BI EACH ACCIDENT	\$	OPTIONAL COLLISION	69							
	63		68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	70					\$		
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$							
OPTIONAL TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	STATES	# DAYS	# VEH						
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE								
	NO			EMPLOYEES										
				VOLUNTEERS										
OTHER				PARTNERS		OTHER								
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY														

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