



NEW YORK 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 \$			
PERSONAL INJURY PROTECTION	5 7	\$ DED \$			
OBEL	5 7	\$	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5	WORK LOSS \$	TOWING & LABOR	3	
	7	OTHER EXP \$ DEATH BENEFIT \$		7	\$
WORK LOSS COORD	5 7	YES NO	COMPREHENSIVE	2 4 8	
MEDICAL EXP ELIM	5 7	NAMED INS ONLY NAMED INSURED AND RELATIVES		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
STATUTORY UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	\$			
SUPPLEMENTARY UNINSURED/ UNDERINSURED MOTORIST (SUM)	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4	\$			
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
NO	\$				
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		COVERAGE IS:	PRIMARY SECONDARY
	NO	NUMBER OF			
		EMPLOYEES 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	42 46			
	42 47	BI EACH ACCIDENT \$		43 47			\$
	43 50	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	44 46	\$ DED \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		
OBEL	44 46	\$		43 47	F FTW		\$
ADDITIONAL P.I.P.	44	WORK LOSS \$	COLLISION	42 46			
	46	OTHER EXP \$ DEATH BENEFIT \$		43 47			\$
WORK LOSS COORD	44 46	YES NO	TOWING & LABOR	46		\$	
MEDICAL EXP ELIM	44 46	NAMED INS ONLY NAMED INSURED AND RELATIVES					
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TRAILER INTERCHANGE				
	43						
STATUTORY UNINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48			
	43	BI EACH ACCIDENT \$		49			
	45	\$					
SUPPLEMENTARY UNINSURED/ UNDERINSURED MOTORIST (SUM)	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48			
	43	BI EACH ACCIDENT \$		49			
	45	\$					
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
NO	\$						
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS		COVERAGE IS:	PRIMARY SECONDARY		
NO	\$						
	GROUP TYPE	NUMBER OF					
NON-OWNED AUTO LIABILITY	YES STATES	EMPLOYEES	OTHER				
	NO	VOLUNTEERS					
		PARTNERS					
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										
LIABILITY	61	67	CSL	BI EA PER	\$	COMPREHENSIVE	62	67				\$	
	62	68	BI EACH ACCIDENT		\$		63	68					
	63	71	PROPERTY DAMAGE		\$		64						
	64												
PERSONAL INJURY PROTECTION	65	67	\$		DED	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
OBEL	65	67	\$					63	68	F	FTW		
ADDITIONAL P.I.P.	65	67	\$		WORK LOSS	\$		64					
WORK LOSS COORD	65	67	YES	NO			COLLISION	62	67				\$
MEDICAL EXP ELIM	65	67	NAMED INS ONLY		NAMED INSURED AND RELATIVES	63		68					
MEDICAL PAYMENTS	62	64	EACH PERSON		\$	64							
STATUTORY UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT		\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64					COMPREHENSIVE	69						
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST (SUM)	62	66	CSL	BI EA PER	\$	SPECIFIED CAUSES OF LOSS	70						
	63	67	BI EACH ACCIDENT		\$		69						
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		COLLISION	70						\$
	NO		\$				69						
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		OTHER	COVERAGE IS:		PRIMARY	SECONDARY			
	NO		EMPLOYEES										
			VOLUNTEERS										
OTHER			PARTNERS										
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													

ENDORSEMENTS

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? (PROVIDE NAME OF PLAN AND PERSONS COVERED)

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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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