



AGENCY CUSTOMER ID: _____

**WASHINGTON 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	2 7	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	PHYSICAL DAMAGE		
ADD'L PERSONAL INJURY PROTECTION	2 7	\$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMP / OTC	2 4 8 3 7	
			SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
			COLLISION	2 4 8 3 7	
			AUTO LOAN	2 4 8 3 7	\$
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
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

PERSONAL INFORMATION ABOUT YOU, 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.

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UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
- I HAVE REJECTED UIM PD COVERAGE _____ (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 \$							42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$							43 <input type="checkbox"/>	46 <input type="checkbox"/>	
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	46 <input type="checkbox"/>	MEDICAL EXPENSE \$	SERVICE LOSS \$	\$							
ADD'L PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	46 <input type="checkbox"/>	INCOME CONTIN \$	FUNERAL EXPENSE \$								
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	43 <input type="checkbox"/>				46 <input type="checkbox"/>				
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$							42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$
	45 <input type="checkbox"/>		PROPERTY DAMAGE \$							43 <input type="checkbox"/>	46 <input type="checkbox"/>	
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	TRAILER INTERCHANGE								
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS									
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE						NUMBER OF			
	NO <input type="checkbox"/>		EMPLOYEES		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
			VOLUNTEERS		COMP / OTC	48						
			PARTNERS		SPECIFIED CAUSES OF LOSS	49						
OTHER					COLLISION	48					\$	
					TRAILER VALUE	\$						
					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
					OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

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

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- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
LIABILITY	61	67	CSL	BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
	62	68	BI EACH ACCIDENT \$					62	67			
	63	71	PROPERTY DAMAGE \$					63	68			
	64							64				
PERSONAL INJURY PROTECTION	65	MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP			
	67	INCOME CONTIN \$	FUNERAL EXPENSE \$				63	68	F	FTW		
ADD'L PERSONAL INJURY PROTECTION	65			COLLISION	62	67						
	67	\$					63	68				
MEDICAL PAYMENTS	62	EACH PERSON \$		TOWING & LABOR	63							
	63		64				67					
				AUTO LOAN	62	67						
					63	68	\$					
					64							
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE \$		COMP / OTC	69						
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	70							
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS		69							
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	COLLISION	70						\$	
	NO	EMPLOYEES			TRAILER VALUE	\$						
		VOLUNTEERS			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	PARTNERS		OTHER	COVERAGE IS:		PRIMARY	SECONDARY					
OTHER												

COVERED AUTO SYMBOLS
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

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**MANDATORY OFFER OF
PERSONAL INJURY PROTECTION COVERAGE**

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_____ Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_____ Funeral Benefits: \$2,000 per each insured for funeral expenses.

_____ Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_____ Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.

_____ Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

Rejection of Coverage:

_____ I reject Personal Injury Protection Coverage in its entirety.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____