



OREGON 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	\$ MEDICAL EXP DED: NONE \$100 \$250 NAMED INSURED NAMED INS & FAMILY MEMBERS	PHYSICAL DAMAGE			
			TOWING & LABOR	3 7	\$	
ADD'L PERSONAL INJURY PROTECTION	5 7	\$	COMPREHENSIVE	2 4 8 3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$		3 7		
	4	PROPERTY DAMAGE \$				
HIRE/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRE/BORROWED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			EMPLOYEES VOLUNTEERS PARTNERS	COMP \$ SPEC C OF L \$ COLL \$
						COVERAGES IS: PRIMARY SECONDARY
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	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$		42 46		\$
	43 50	PROPERTY DAMAGE \$		43 47		
PERSONAL INJURY PROTECTION	44 46	\$ MEDICAL EXP DED: NONE \$100 \$250 NAMED INSURED NAMED INS & FAMILY MEMBERS	SPECIFIED CAUSES OF LOSS	42 46 SCL FT LSP		\$
				43 47 F FTW		
ADD'L PERSONAL INJURY PROTECTION	44 46	\$	COLLISION	42 46		\$
				43 47		
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45	PROPERTY DAMAGE \$	COMPREHENSIVE	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$
HIRE/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRE/BORROWED PHYSICAL DAMAGE	STATES # DAYS # VEH		
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				
OTHER			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		

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE										
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$					
	<input type="checkbox"/>	62	<input type="checkbox"/>	<input type="checkbox"/>					BI EACH ACCIDENT	\$		<input type="checkbox"/>	63	<input type="checkbox"/>	68							
	<input type="checkbox"/>	63	<input type="checkbox"/>	<input type="checkbox"/>					PROPERTY DAMAGE	\$		<input type="checkbox"/>	64									
	<input type="checkbox"/>	64																				
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65		\$			MEDICAL EXP DED:	<input type="checkbox"/>	NONE	<input type="checkbox"/>	\$100	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	62	<input type="checkbox"/>	67	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	67		\$250	<input type="checkbox"/>		NAMED INSURED	<input type="checkbox"/>	NAMED INS & FAMILY MEMBERS				<input type="checkbox"/>	63	<input type="checkbox"/>	68		<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	
ADD'L PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65		\$								COLLISION	<input type="checkbox"/>	62	<input type="checkbox"/>	67						\$
	<input type="checkbox"/>	67											<input type="checkbox"/>	63	<input type="checkbox"/>	68						
	<input type="checkbox"/>												<input type="checkbox"/>	64								
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64			EACH PERSON		\$		TOWING & LABOR	<input type="checkbox"/>	63			\$						
	<input type="checkbox"/>	63	<input type="checkbox"/>	67								<input type="checkbox"/>	67									
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE										
	<input type="checkbox"/>	63	<input type="checkbox"/>	67								COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE				
	<input type="checkbox"/>	64																				
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES				COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		COLLISION	<input type="checkbox"/>	69									\$
	<input type="checkbox"/>	NO					\$					<input type="checkbox"/>	70									
HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES				COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH							
	<input type="checkbox"/>	NO					\$															
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES				GROUP TYPE		NUMBER OF		OTHER	COVERAGE IS:			PRIMARY	SECONDARY						
	<input type="checkbox"/>	NO					EMPLOYEES															
	<input type="checkbox"/>						VOLUNTEERS															
OTHER	<input type="checkbox"/>						PARTNERS															

ENDORSEMENTS

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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY (UMBI) AND UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI COVERAGE, THE LIMITS I HAVE SELECTED AND THE COST ARE FOUND IN THE ATTACHED SUPPLEMENT.

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
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