

ACORD WISCONSIN 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 \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 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				
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGE 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	42 46					
	42 47	BI EACH ACCIDENT \$		43 47			\$		
	43 50	PROPERTY DAMAGE \$							
			SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW		\$		
			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			48 49					
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48 49					
	43 46	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 49					
	45								
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF							
		EMPLOYEES VOLUNTEERS PARTNERS							
			COVERAGE IS: PRIMARY SECONDARY						
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	61	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67		\$		
	62	68		BI EACH ACCIDENT \$		63	68				
	63	71		PROPERTY DAMAGE \$		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	STATE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	69					
	63	67		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
	NO			\$		70					
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$							
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		COVERAGE IS:					
	NO			EMPLOYEES		NUMBER OF	PRIMARY	SECONDARY			
				VOLUNTEERS							
				PARTNERS							
OTHER					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

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 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY.
 _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMITS(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO 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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