AGE	NC)	CL	ISTO	MER	ID:

ACC	$ORD^{\circ}$
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DATE	(MM/DD/YYYY)

ACORD	NEW YORK COMMERCIAL AUTO  COVERAGES / LIMITS SECTION														DA	TE (N	/IM/DD/\	(YYY)									
AGENCY									JVLI	INAC	JE 0 7			INSURED(S)													
POLICY NUMBER	OLICY NUMBER												CARRIE	R											NAIC	CODE	
BUSINESS AUT	O SE	CTIO	N																								
COVERAGES	COVE	RED A	UTO :	SYME	OLS					MITS				COVERAGES COVERED AUTO SYMBOLS									LIMITS				
		·  _	4	$\vdash$	9	CSL BI EA PER \$																					
LIABILITY			7		╛		ACH AC			\$																	
PERSONAL INJURY PROTECTION	3		7	Т	T	\$	OPERTY	DAMAC	JE .	\$ DED	\$			1													
OBEL			7	$\top$	1	\$				DLD	Ψ							PHY	YSICA	AL D	AMAC	βE					
ADDITIONAL		5				\$			W		oss \$			TOWING			3					\$					
P.I.P.	7	7		_		OTH	HER EXP	\$		DE BE	ATH NEFIT	\$		& LABOR			7				_	Ψ					
WORK LOSS COORD	5		7	+	+		YES				NO NAMED II AND REL	NSUI	RED	COMP / OTC			2		4		8						
MEDICAL EXP ELIM	2	-	7	+	8		NAMED	) INS O	NLY	1 1	AND REL	<u>ATIV</u>	'ES	005015150			2		7		8						
MEDICAL PAYMENTS	3		7		1	EAC	CH PERS	ON		\$				SPECIFIED CAUSES OF	LOSS		3		7								
STATUTORY	2	2	6				CSL	B E	I A PER	\$				COLLISION			2				8						
UNINSURED MOTORIST		3	7			BIE	ACH AC	CIDEN	Т	\$				COLLIGION	OLLIGIOIV			3									
SUPPLEMENTARY	2	1	6	—			CSI	В	I A PER	•				1													
UNINSURED / UNDERINSURED			7			BIE	CSL [			\$																	
MOTORIST (SUM)		1																									
HIRED / BORROWED		/ES NO	S	TATE	S	cos	ST OF HI	RE	L	IF /	ANY BAS	IS			STATI	ES	# D/	AYS	;	# VE	Н	COVE	RAGE	/ DEC	UCTIBL	.E	
LIABILITY	\$																COMP	\$									
		/ES NO	5	TATE	5	GRO	GROUP TYPE NUMBER EMPLOYEES					BER	OF	HIRED PHYSICAL									SPEC C OF L	\$			
NON-OWNED LIABILITY	VOLUN												DAMAGE								H'	COLL	\$				
		PARTNERS							1		COVE	RAGE	E IS:	, I			PRIMARY			SECON	DARY						
AUTO	(1) ANY (2) ALL	OWNE	ED AU		0051	IOED	ALITOO		(5) AI	LL OW	NED AUT	OS V	VHICH R	PRIVATE PAS EQUIRE NO-FA	AULT COV		βE		(8)	HIR	RED A	SPECIFI UTOS		SCHE	DULE		
ENDORSEMENT	, ,						AUTOS D1. Ad	dition						compulsor			spa	ace				NED AL	1105				
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SIGNATURE																											
ANY APPLICANT (	COVE	REDE	BY A	WAG					AN?			_							T							Y/N	
NAME OF PLAN					PE	ERSO	N COVE	RED					NAME	ME OF PLAN PERSON COV													
PERSONAL INFO	RMATI	ON A	BOU	T YC	JU M	IAY E	BE COL	LECT	ED FR	ROM P	PERSON	IS O	THER	THAN YOU,	IN CON	NEC <sup>-</sup>	TION	ı wı	L TH T	HIS	API	PLICAT	ION F	OR	INSUF	RANCE	
AND SUBSEQUEN MAY IN CERTAIN			_												-										-	-	
INFORMATION IN	OUR	FILE	S AN	ND C	CAN	REQ	UEST (	CORR	ECTIO	ON OF	ANY I	NAC	CURA	CIES. A M	ORE DE	TAIL	ED [	DES	CRIF	PTIC	ON C	F YOU	JR RI	GHT	S AND	OUR	
PRACTICES REGA REQUEST TO US.		G SU	CHI	NFOR	KIVIA	HON	IS AVA	ILABL	E UPC	ON RE	QUEST	. 0	ONTAC	I YOUR AG	ENT OR	BRO	KEK	FOI	K IN	SIR	KUC I	IONS	JN HC	)VV I	O SUE	SIVIII A	
I HAVE HAD STA																											
AVAILABLE OPTIC ALL FUTURE REN	EWAL	S, CC	NTIN	TAU	TIONS	S AN	D CHAI	NGES	IN MY	/ POLI	CY UNL	ESS.	SINOT	IFY YOU OT	HERWIS	E IN	WRI	TINC	Э.								
IF YOU HAVE PUR A LOSS COVERED LOCATION OR A F	D UND	ER Y	OUR	POL	JCY,	NEW	V YORK	LAW	STATE																		
ANY PERSON WHINSURANCE OR A	STA	ГЕМЕ	NT C	OF CI	LAIM	FOR	RANY	COMM	IERCIA	AL OR	PERSC	NA	L INSUI	RANCE BEN	IEFITS C	CONT	AINI	NG /	ANY	MA	TER	IALLY	FALSE	E INF	ORMA	ATION,	
OR CONCEALS F WITH SUCH APP																											
REPORT OF THE MOTOR VEHICLE	THEF	FT, DI	ESTR	RUCT	ΓΙΟΝ,	, DAI	MAGE (	OR CO	ONVER	RSION	OF AN	NY I	MOTOR	VEHICLE	TO A LA	W E	NFO	RCE	MEN	NT A	4GEI	NCY, 1	HE D	EPA	RTMEI	NT OF	
PENALTY NOT TO																											
APPLICANT'S SIGNATURE												PRO	DUCER'S	SIGNATURE								NAT	IONAL	PROI	UCER	NUMBER	

TRUCKERS SEC	TIC	N													AGE	NCY CUST	OMER	R ID:									
COVERAGES	СО	VERE	D AL	JTO	SYMB	OLS						WITS							221/		YSICAI	DAMA	ЭE				
		41		46	;		Ш	CSL		_ BI _ EA	PER	\$				COVERAG	GES	A	COVI UTO S	ERED YMBO	LS		LIN	IITS		DED	UCTIBLE
LIABILITY		42		47 50				ACH AC				\$ \$				COMP / OTC			42 43		47					\$	
PERSONAL INJURY PROTECTION		44		46		Т	\$	/F LIXI I	וטאו	IVIAGL			D \$						46		۱					*	
OBEL		44		46			\$						υ ψ						42		47	SCI	L	FT	LSF		
ADDITIONAL P.I.P.		44 46					\$ OTH	IER EX	P \$		W		LOSS \$ DEATH BENEFIT	\$		SPECIFIED CAUSES OF	LOSS		43 46			F		FTW	/	\$	
WORK LOSS COORD		44		46	;			YES					NO						42		47						
MEDICAL EXP ELIM		44		46		$\perp$	Ш	NAME	D IN	S ONL	_Y		NAMED I AND REL	ATIVI	RED ES	COLLISION			43							\$	
MEDICAL PAYMENTS		42		46	,		EAC	H PER	SON			\$				TOWING			46 46			\$					
STATUTORY		42		46	;			CSL		J BI J EA	PER	\$				& LABOR						Φ					
UNINSURED MOTORIST		43					BIE	ACH A	CCID	ENT		\$				201/504		220				FARTI S ZONE				T	
SUPPLEMENTARY		45		46				CSL		BI	PER	\$				COVERAG		511	MBOL 48	# IK	AILEK	ZONE	# 10.	AYS	RADIUS	DED	UCTIBLE
UNINSURED / UNDERINSURED		43			•		BI E	ACH A	CCID		PER	\$				COMP / OTC			49								
MOTORIST (SUM)		45 YES	 3		STATE		COS	ST OF H	IIRF			Τ,	F ANY BAS	us.		SPECIFIED CAUSES OF	LOSS		48 49								
NON-TRUCKERS HIRED / BORROWED		NO					\$	,, 0, 1	IIIXL			'	I ANI DAG	10					48								
TRUCKERS HIRED / BORROWED		YES		S	STATE	S	COS	ST OF H	IIRE			1	F ANY BAS	is		COLLISION			49							\$	
LIABILITY		NO YES			STATE		\$									TRAILER VA	_	\$ TES	# 1	DAYS	T #	VEH	_				
NON-OWNED		NO		0	IAIE	5	GRO	OUP TY		ES.		٢	NUM	BER (	OF	_	317	IIES	#1	JAIS	#	VEII					
AUTO LIABILITY		J						VOLU								HIRED											
								PART	NER:	S						PHYSICAL DAMAGE											
OTHER																											
					—	—	-	—								OTHER		CO	VERAG	SE IS:		$\perp$	PRIMA	(RY		SECON	DARY
COVERED AUTO SYN (41) ANY AUTO (42) OWNED AUTOS ( (43) OWNED COMME	ONLY	,	TOS (	ONL	.Y		5) OW COI	'NED AI 'NED AI MPULS 'TORIS'	UTO:	S SUB ' UNIN	JECT	ТО	NO-FAULT A	(	(47) HIRE (48) TRA	CIFICALLY DE ED AUTOS ON ILERS IN YOU RAILER INTER	ILY JR POSS	SESSI	ON UN			ANOTH INTERO	IER TE	RUCKE SE AG	N THE PO ER UNDE GREEMEN OS ONLY	R A TR	
ENDORSEMENT	S/	REN	ИAF	RKS	3 (AC	COR	D 10	)1, Ac	ddit	iona	l Re	ema	rks Sch	edu	le, ma	y be attac	hed if	mo	re sp	ace	is re	quire	d)				
CIONATURE																											
SIGNATURE  ANY APPLICANT (	COV	ERE	D B	ΥA	WAG	E CC	ITNC	NUATI	ON	PLAN	۷?																Y/N
NAME OF PLAN								N COVE							NAME	OF PLAN					PER	SON CO	VERE	)			
PERSONAL INFOI AND SUBSEQUEN MAY IN CERTAIN INFORMATION IN PRACTICES REGA REQUEST TO US.	NT R CIR I OL ARD	RENE CUM JR F	WAI STA	LS. NC ANC	SUC ES B ND C	CH IN BE DIS CAN I	NFOR SCLO REQI	MATIONSED UEST	ON TO CO	AS W THIR RRE	/ELL D P/ CTIO	AS ARTI ON C	OTHER IES WITH OF ANY I	PERS OUT NAC	SONAL YOUR CURAC	AND PRIVI AUTHORIZ CIES. A MO	LEGED ATION ORE D	) INF . YO ETA	ORM U HA	ATIO VE TI DES	N CC HE RI CRIP	LLECT GHT TO	ED B O RE OF YO	Y US VIEW DUR	S OR O V YOUR RIGHT:	UR AC PERS S AND	GENTS SONAL O OUR
I HAVE HAD STA AVAILABLE OPTIO ALL FUTURE REN	ONS	AND	) LIN	/ITS	S EXF	PLAIN	NED :	TO ME	Ξ. Ι Ι	UNDE	RST	ΓΑΝΙ	D THAT T	HE (	COVER	AGE SELEC	CTION	AND	LIMI	Г СН	DICE	,					
IF YOU HAVE PUF A LOSS COVERED LOCATION OR A F	UU C	NDEF	R YC	UR	POL	JCY,	NEW	/ YOR	K L/	AW S																	
ANY PERSON WHINSURANCE OR A OR CONCEALS FWITH SUCH APPIREPORT OF THE MOTOR VEHICLE PENALTY NOT TO	OR LICA TH S O	ATEI THE TION EFT, R AN	MEN PUI N OI DE N INS	NT C RPC R C STF SUF	OF CL OSE ( CLAIM RUCT RANC	LAIM OF M I, KN FION, CE CC	FOR IISLE IOWII DAN OMP	ANY ADINO NGLY MAGE ANY, O	COI G, IN MA OR COM	MMEI NFOF KES CON	RCIA RMAT OR NVEF S A F	AL O TION KNO RSIO	R PERSON CONCE DWINGLY DN OF AN UDULENT	ONAL RNIN ASS NY M I INS	INSUF NG AN SISTS, MOTOR SURAN	RANCE BEN FACT MATABETS, SO VEHICLE TO VEHICLE TO VEACT, WH	IEFITS TERIAL DLICITS TO A L HICH IS	CON THI OR AW A (	NTAIN ERET CON ENFO CRIME	IING AI O, AI ISPIR DRCE E, AN	ANY I ND AI ES V MEN D SH	MATER NY PEF /ITH AI T AGE ALL AL	IALL' RSON NOTH NCY, .SO E	Y FAL I WH HER THE BE SL	LSE INF IO IN C TO MAI E DEPAI UBJECT	ORMA ONNE KE A RTME TO A	ATION, CTION FALSE NT OF
APPLICANT'S SIGNAT	URE									DATI	E			PROD	DUCER'S	SIGNATURE							N/	TION	AL PROD	DUCER	NUMBER

COVERAGES	FR S	ECTIO	ON							AGE	NCY CUST	OME	R ID:								
JULINAULU			AUTO SYMBOI	s			LI	IMITS		-	PHYSICAL DAMAGE										
		61	67		CSL		BI EA PER	\$			COVERAC	GES	AI	COVE JTO SY		LS		LIMITS		DEDUCTIBLE	
		62	68	ВІ	─ I EACH A	CCIDE		\$						62		67					
LIABILITY		63	71	PF	ROPERT	Y DAM	AGE	\$			COMP / OTC	:		63		68				\$	
		64												64							
PERSONAL INJURY PROTECTION		65	67	\$				DE	D \$					62		67	SCI	L FT	LSP		
OBEL		65	67	\$							SPECIFIED			63		68	F	FT\		\$	
		65		\$				/OPK	LOSS \$		CAUSES OF	LOSS		64					•		
ADDITIONAL P.I.P.		67	_		THER EX	/D ¢	**	г	DEΔTH					62		67					
WORK LOSS COORD	+	65	67	+	YES	.F ψ		T -	NO \$		COLLISION			63		68				\$	
	+	65	67	+			ONLY	+-	NAMED INSU AND RELATIV	RED	COLLIGION			64		00				Φ	
MEDICAL EXP ELIM	+	62	64	+	INAIVI	ED IINO	UNLI		AND RELATIV	ES				63							
MEDICAL PAYMENTS	$\vdash$			E/	ACH PER	SON		\$			TOWING & LABOR					,	\$				
	+	63	67	+	T		BI EA PER				W LJ		L	67	A II	IN					
STATUTORY UNINSURED	$\vdash$	62	66		CSL	25155					22//504		37/				TERCHA FARTI	H # DAYS	2:200		
MOTORIST		63	67	BI	I EACH A	CCIDE	:NT	\$			COVERAC	GES	Sti		# IK	AILEr	SZONE	# DAYS	RADIUS	DEDUCTIBLE	
	+	64		+	Т		BI				COMP / OTC	:	-	69							
SUPPLEMENTARY UNINSURED /	$\vdash$	62	66	<u> </u>	CSL	ليا	BI EA PER						-	70							
UNDERINSURED MOTORIST (SUM)	$\vdash$	63	67	BI	I EACH A	CCIDE	:NT	\$			SPECIFIED CAUSES OF	. 000	_	69							
MUTURIST (SUIVI)	+	64	271750	+							CAUSES OF	LUSS	<u> </u>	70				-			
NON-TRUCKERS HIRED / BORROWED		YES	STATES	CC	OST OF I	HIRE	L	IF	F ANY BASIS		COLLISION			69						\$	
	+	NO		\$									Ļ	70						Ť	
TRUCKERS HIRED / BORROWED	Ш	YES	STATES	CC	OST OF I	HIRE	L	IF	F ANY BASIS		TRAILER VA		\$	1 _							
LIABILITY	$\perp$	NO		\$								STA	ATES	# D	AYS	#	VEH				
	Ш	YES	STATES	GF	ROUP TY	/PE		Г	NUMBER	OF											
NON-OWNED AUTO		NO		$\vdash$	EMPI	OYEE	S	L			HIRED PHYSICAL										
LIABILITY					VOLL	JNTEE	RS	L			DAMAGE										
				$\perp$	PART	NERS															
OTHER													CO	/ERAGI	E IS:		$\perp \perp$	PRIMARY	8	SECONDARY	
											OTHER										
COVERED AUTO SY (61) ANY AUTO (62) OWNED AUTOS (63) OWNED PRIVAT ENDORSEMEN	ONLY E PAS	S AUTO		(65) O (66) O S	WNED A WNED A ORY UN	UTOS UTOS INSUR	SUBJECT ED MOTO	T TO N T TO A ORIST	NO-FAULT A COMPUL- T LAW	(68) HIRE (69) TRA A TE	CIFICALLY DE ED AUTOS ON ILERS IN YOU RAILER INTER Y be attacl	LY R POSS CHANG	SESSI E AGI	ON UNI	NT	(71	ANOTH INTERO NON-O	HER TRUCK CHANGE AC WNED AUT	ER UNDER	SSESSION OF R A TRAILER T	
SIGNATURE																					
ANY APPLICANT	COVI	ERED	BY A WAGE	CONT	ΓΙΝUAT	ION F	LAN?													Y/N	
NAME OF PLAN				PERS	ON COV	ERED				NAME	OF PLAN					PER	SON CO	VERED			
PERSONAL INFO AND SUBSEQUE MAY IN CERTAIN	NT RI	ENEW. CUMST R FILE	'ALS. SUCH TANCES BE ES AND CA	I INFO DISCL N REG	DRMATI LOSED QUEST	ON A	S WELL HIRD PARECTION	L AS PARTI ON C	OTHER PER IES WITHOU OF ANY INAC	SONAL T YOUR CCURAC	AND PRIVI AUTHORIZ CIES. A MO	LEGEI ATION ORE D	D INF I. YO DETA	ORMA U HAV ILED I	ATIO 'E TI DES	N CO HE R CRIP	LLECT GHT TO TION C	ED BY U O REVIE\ OF YOUR	S OR OU W YOUR RIGHTS	JR AGENTS PERSONAL	

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER