



AGENCY CUSTOMER ID: _____

**GEORGIA 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	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
TRADITIONAL (REDUCED) UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	COLLISION	2 3 4 7 8	
NEW (ADDED ON) UNINSURED MOTORIST (IF APPLICABLE)	2 3 4 6 7	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE 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	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. 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.

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 TRADITIONAL (REDUCED) UNINSURED MOTORIST COVERAGE AND, IF APPLICABLE, NEW (ADDED ON) UNINSURED MOTORIST COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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 \$							
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$							
MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COMP / OTC	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	\$				
UNINSURED MOTORIST	42 <input type="checkbox"/> 43 <input type="checkbox"/> 45 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	\$				
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER INTERCHANGE						
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	GROUP TYPE _____ NUMBER OF _____ EMPLOYEES _____ VOLUNTEERS _____ PARTNERS _____	COMP / OTC	48 <input type="checkbox"/> 49 <input type="checkbox"/>					
OTHER				SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <input type="checkbox"/>					
				COLLISION	48 <input type="checkbox"/> 49 <input type="checkbox"/>					\$
				TOWING & LABOR	46 <input type="checkbox"/>					\$
				TRAILER VALUE	\$					
				HIRED PHYSICAL DAMAGE	STATES _____ # DAYS _____ # VEH _____					
				OTHER	COVERAGE IS: _____ PRIMARY _____ SECONDARY _____					
COVERED AUTO SYMBOLS			(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT					
(41) ANY AUTO			(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(50) NON-OWNED AUTOS ONLY					
(42) OWNED AUTOS ONLY				(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						
(43) OWNED COMMERCIAL AUTOS ONLY										

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

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$			63			68	
	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 <input type="checkbox"/> 63 <input type="checkbox"/>	64 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>			\$		
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ DED \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$ DED \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$ DED \$	COMP / OTC	69					
					70					
				SPECIFIED CAUSES OF LOSS	69					
					70					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		70					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	TRAILER VALUE \$						
			EMPLOYEES	STATES	# DAYS	# VEH				
			VOLUNTEERS							
			PARTNERS	HIRED PHYSICAL DAMAGE						
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

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

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**TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is available on vehicles qualifying as private passenger type vehicles under Georgia law.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection coverage options are listed below:

_____ I accept Traditional Uninsured Motorist Coverage
(initials)

_____ I accept New Uninsured Motorist Coverage
(initials)

_____ I reject ALL Uninsured Motorist Coverage
(initials)

I acknowledge that I read and understand my Traditional Uninsured Motorist and/or New Uninsured Motorist Coverage, if applicable, options.

_____ Applicant's Signature

_____ Date

**Example of New Uninsured Motorist Coverage and
Traditional Uninsured Motorist Coverage Claim Payment Calculation**

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorist Coverage.

**NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE)
(This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)**

At-Fault's Liability Coverage Limit \$50,000
 Your New Uninsured Motorist Coverage Limit \$100,000
 Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your New Uninsured Motorist Coverage =	<u>\$ 100,000</u>
Total Payment =	\$ 150,000
Amount Not Covered =	\$ 25,000 ^(a)

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).

^(a) Please notice that \$25,000 of the loss was not covered.

**TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE)
(This coverage is comparable to your current coverage. The coverage is
also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)**

At-Fault's Liability Coverage Limit \$50,000
 Your **Traditional Uninsured Motorist Coverage** Limit \$100,000
 Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your Available Traditional Uninsured Motorist Coverage =	<u>\$ 50,000^(a)</u>
Total Payment =	\$ 100,000
Amount Not Covered =	\$ 75,000^(b)

^(a) The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is \$50,000.

^(b) Please notice that \$75,000 of the loss was not covered.