

ACORD OREGON COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE

PRODUCER	APPLICANT (First Named Insured)
----------	---------------------------------

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 \$			
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	GROUP TYPE NUMBER OF			COMP \$
	NO	EMPLOYEES			SPEC C OF L \$
		VOLUNTEERS		COLL \$	
		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		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46		\$			
	42 47	BI EACH ACCIDENT \$		43 47					
	43 50	PROPERTY DAMAGE \$							
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	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$	COMPREHENSIVE	48 49					
			SPECIFIED CAUSES OF LOSS	48 49					
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	GROUP TYPE NUMBER OF							
	NO	EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER			OTHER						
COVERED AUTO SYMBOLS		(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							
LIABILITY	61	BI EA PER \$	COMPREHENSIVE	62	67		\$			
	62	BI EACH ACCIDENT \$		63	68					
	63	PROPERTY DAMAGE \$		64						
	64									
PERSONAL INJURY PROTECTION	65	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		
	67	\$250		63	68	F	FTW			
ADD'L PERSONAL INJURY PROTECTION	65	\$	COLLISION	62	67					
	67			63	68					
				64						
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63						
	63			67						
UNINSURED MOTORIST	62	BI EA PER \$	TRAILER INTERCHANGE							
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64	PROPERTY DAMAGE \$	COMPREHENSIVE	69						
				70						
NON-TRUCKERS HIRED/BORROWED	YES	COST OF HIRE	COLLISION	69						
	NO	\$		70						
HIRED/BORROWED LIABILITY	YES	COST OF HIRE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO	\$								
NON-OWNED AUTO LIABILITY	YES	GROUP TYPE		COVERAGE IS:					PRIMARY	SECONDARY
	NO	EMPLOYEES								
		VOLUNTEERS								
OTHER			OTHER							

ENDORSEMENTS

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 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
-----------------------	------	----------------------