AGENCY CUSTOMER ID:

ACORD®

CALIFORNIA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)
DAIL	(17117)/00/17 17 17 1

ACORD	'								COV	ER/	AGES/	LIN	MITS S	SECTION	١									(,	
													ED INSURED(S)													
POLICY NUMBER									EFFECTIVE DATE CARRIE					R										NAIC	CODE	
BUSINESS AUTO SECTION																										
COVERAGES		/EREC			YMB	OLS				LIMIT	s			COVERA	AGES	cov	/ERE	D AUT	O SY	MBOL	s		LI	MITS		
LIABILITY		1 2		4		9	BI EAC	SL _		ER \$																
LIABILIT		3		8					AMAGE	\$																
																		PHYS	ICAL	DAM	AGE					
												TOWING 3 7							\$							
												COMP / OTC	;		2 3		4 7		3							
MEDICAL PAYMENTS		2 3		4 7		8	EACH	PERSOI		\$				SPECIFIED CAUSES OF	LOSS		2 3		4 7		3					
UNINSURED		2 3		6 7			BI EAC	SL	_	ER \$				COLLISION WAIVEI DEDUC	R OF		2 3		4 7		3					
MOTORIST		4					PROPE	RTY D	AMAGE	\$						•			'							
HIRED / BORROWED LIABILITY		YES NO		ST	ATE	S	COST	OF HIRE	E		IF ANY BAS	SIS			STATE	ES # DAYS			#	VEH	C	COVERA		EDUCTIE	LE	
VEQ. 0747EQ						\$ GROUP TYPE NUMBER OF							HIRED							SPE C O						
NON-OWNED LIABILITY		NO					EMPLOYEES VOLUNTEERS							PHYSICAL DAMAGE						F	COLL \$					
							ARTNE							(OVE						MARY		SECO	NDARY		
COVERED (1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY AUTO (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAY										S LAW		(8) HI	SPECIFICALLY DESCRIBED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY													
ENDORSEMENT	S/I	REM	AR	KS	(AC	COR	D 101,	Addi	itional	Rem	arks Sch	nedu	ıle, ma	y be attac	hed if m	ore	spa	ce is	re	quir	ed)					
SIGNATURE																										
AN INSURER WH STATEMENT OF T ONE VIOLATION F	HE I	REAS	SON	IS IT	DE	NIE	COVE	RAGE	. IN GEI	NERA	L, UNDER	R CA	LIFORN	IA LAW A G	OOD DR	IVER	IS A	PER	OS	N WH	ЮН	AS NO				
I UNDERSTAND A OPTIONS OF SEL REJECTED UMBI SUPPLEMENT, AC	LECT COV	ING /ERA	EIT GE	HER	R UN	иві I	LIMITS	LOWE	R THAI	N MY	BODILY	INJU	JRY LIA	BILITY LIMI	TS, OŔ I	REJE	CTIN	NG U	MBI	CO/	/ERA	GE EN	NTIRE	LY. IF	I HAVE	
I ALSO UNDERST HAVE THE OPTIO I HAVE READ AND	NS C	OF SE	ELE(CTIN D TH	NG C	OR R JMP[EJECTI D PORT	NG TH ION O	IS COV F THE (ERAC CALIF	GE FOR O ORNIA AL	JTO :	OR MOR SUPPLE	RE VEHICLE EMENT, ACC	S. I HAV ORD 61 C	E MA A.	ADE N	ŃΥ SI	ELE	CTIO	N ON	N THIS	APPL	ICATIO	N, AND	
IN ADDITION, I HA THIS OPTION.	VE E	BEEN	I OF	FFEF	RED	WAI	IVER O	F COL	LISION	DEDL	JCTIBLE. I	IF TH	HIS OPT	TON IS NOT	INDICAT	ED (T NC	HIS A	PPL	LICA	ΓΙΟN	, THEN	I I HA'	VE REJ	ECTED	
I UNDERSTAND T RENEWALS, CON															Y STATE	SUF	PPLE	MEN	T W	ILL A	PPL\	/ TO A	LL FU	TURE I	POLICY	
APPLICANT'S SIGNATU	JRE								DATE			PRO	DUCER'S	SIGNATURE								NATION	IAL PR	ODUCER	NUMBER	

ACORD 137 CA (2015/12)

TRUCKERS SECTION												Α(AGENCY CUSTOMER ID:														
COVERAGES	СО	VERE	D AU	JTO	SYN	MBOLS	3	$\overline{}$				LIMI [*]				PHYSICAL DAMAGE COVERED											
		41		46	3 _			(CSL	ACCIDE		\$			COVERA	GES	Α	UTO S	RED (MBO			LIMIT	s		DEDUCTIBLE		
LIABILITY		42		47				I EACH A								COMP / OTC			42		47						
43)		+PR	PROPERTY DAMA				,	\$			COMF / OTC	,		43 46		_					\$	
																			42		47	SCL	F	т	LSP		
																SPECIFIED CAUSES OF	LOSS		43			F	F	TW		\$	
							\perp												46								
MEDICAL		42		46	3		E₽	ACH	I PERS	ON		9	\$			COLLISION			42		47						
PAYMENTS		43		1.0			+	· ·								WAIVE	R OF		43		J					\$	
UNINSURED		42		46	j		BI	CSL BI EA PER \$ BI EACH ACCIDENT \$									CTIBLE		46								
MOTORIST		45						PROPERTY DAMAGE \$								TOWING & LABOR			1			\$					
													·									TERCHA					
																COVERAGES SYMBOL #TRA						s FARTH ZONE	DEDUCTIBLE				
							4					_				COMP / OTC			48								
NON-TRUCKERS HIRED / BORROWED		YES	3	S	STAT	ES			OF H	IRE			IF AN	'BASIS					49					+			
TRUCKERS		NO YES			STAT	res	\$	COST OF HIRE IF ANY BASIS							SPECIFIED CAUSES OF	LOSS		48 49									
HIRED / BORROWED LIABILITY		NO						\$								COLLISION			48								
		YES	3	S	STAT	rES .			JP TYF	PΕ	NUMBER OF					WAIVER OF DEDUCTIBLE			49							\$	
NON-OWNED AUTO		NO				EMPLOYEES										TRAILER VALUE		\$									
LIABILITY									/OLUN	ITEE	RS					STATES # DAYS						VEH					
OTHER					—		+	PARTNERS								HIRED											
																PHYSICAL											
											DAMAGE																
													CO	VERAG	E IS:			PRIMAR	Υ	5	ECONDARY						
																OTHER											
(41) ANY AUTO	BOLS								D AUT) NO-FA) A			ECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER											
(42) OWNED AUTOS O (43) OWNED COMMER		AUTO	os o	NLY	,				ULSOI RIST L		NINSU	JRED				ERS IN YOUR						INTERCH NON-OW			EEMENT S ONLY		
ENDORSEMENT						4COI	 RD 1	101	, Ad	diti	onal	Ren	narks	Schedule, i	ma	y be attac	hed if	mo	re sp	ace	. ,						
SIGNATURE					—	—	—	—	—															—			
AN INSURER WE	JICH	DEI	-1101								CE T	O 41	I ADDI) IC	A "COOD	DDIVE	-D"	MUICT	. DD(2\/IDE	TUE	A DDL I		IT \\/\T\	J WDITTEN	
STATEMENT OF 1	THE	REA	SON	IS	IT D	DENIE	D CC	OVI	ERAG	E. I	IN GE	NER	AL, UN	DER CALIFO	RNI	IA LAW A G	OOD E	PRIV	ER IS	A PE	RSO	N WHO	HAS N				
ONE VIOLATION F	POIN	IT OF	R MC	ORE	≣ T⊦ ——	HAN (ONE	AT-	-FAU	LT A	ACCIL	DENT	RESU	TING IN ONI	LY F	PROPERTY	DAMA	GE I	N THE	LAS	ST TH	REE YE	ARS.				
I UNDERSTAND A																											
OPTIONS OF SEI REJECTED UMBI	CO	/ER/	٩GE	OF																							
SUPPLEMENT, AC											_																
I ALSO UNDERST HAVE THE OPTIO																											
I HAVE READ AND																,											
IN ADDITION, I HA	ΑVE	BEEI	N OI	FFE	:RE	.D WA	AIVEF	R C)F CC)LLI	SION	DED	UCTIB	LE. IF THIS C	PTI	ION IS NOT	INDIC	ATE	D ON	THIS	APP	LICATIO	N, TH	ĒΝ	I HAVE	REJECTED	
I UNDERSTAND T	HAT	THE	E CC)VF	RA	GE S	ELEC	CTI	ON A	ND	LIMIT	CHC	DICES	NDICATED H	IER	E OR IN AN	IY STA	TE S	SUPPI	.EMF	NT W	ILL API	PLY TO) AI	L FUTI	IRE POLICY	
RENEWALS, CON																											
APPLICANT'S SIGNATI	URE						_		_		DATE			PRODUCE	R'S	SIGNATURE							NAT	ION/	AL PROD	UCER NUMBER	

CUSTOMER	

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																				
COVERAGES	co	VERE	D A	UTO SYMBOLS				MITS	PHYSICAL DAMAGE											
		61		67		CSL	BI EA PER	\$		COVERAGES COVERED AUTO SYMBOLS							DEDUCTIBLE			
		62		68	BIE	ACH ACCIDE	ENT			6	62		67							
LIABILITY		63		71	PROPERTY DAMAGE \$					COMP / OTC	6	3		68				\$		
		64										6	64							
												6	62		67	SCL	FT	LSP		
							SPECIFIED			33		68	F	FTV	v	\$				
								CAUSES OF	LUSS	- E	64									
												6	52		67					
								COLLISION		- E	33		68				\$			
										WAIVE	- E	64								
MEDICAL		62		64						TOWING		6	33							
PAYMENTS		63		67	EAC	H PERSON	\$			& LABOR		- E	57 -		;	\$				
		62		66		CSL	BI EA PER	\$				T	RAILE	RINT	ERCHAN	IGE				
UNINSURED		63		67	BIE	ACH ACCIDE	•	\$		COVERA	GES	SYME	BOL :	# TRA	ILERS	FARTH	# DAYS	DEDUCTIBLE		
MOTORIST		64				PERTY DAM						1	69							
										COMP / OTC	;	7	70							
										SPECIFIED		69								
								CAUSES OF	7	70										
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	ASIS	COLLISION		6	69							
HIRED / BORROWED		NO			\$					WAIVE	R OF	7	70						\$	
TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	ASIS	TRAILER VALUE		\$								
HIRED / BORROWED LIABILITY		NO			\$					STA	ATES # C		YS	# \	VEH					
		YES	3	STATES	GRO	OUP TYPE		NU	MBER OF	1										
NON-OWNED	ED NO					EMPLOYEE	S			HIRED										
AUTO LIABILITY						VOLUNTEE	RS			PHYSICAL DAMAGE										
						PARTNERS]										
OTHER										1		COVE	RAGE	IS:		F	RIMARY		SECONDARY	
									OTHER											
COVERED AUTO SYME	BOLS			(64) OWN	IED COMME	RCIAL AUT	OS ONLY	(67) SPEC	CIFICALLY DES	CRIBE	O AUTO	S		(70) Y	OUR TR	AILERS II	N THE POS	SESSION OF	
(61) ANY AUTO (62) OWNED AUTOS O	NI Y							TO NO-FAULT TO A COMPUI		D AUTOS ONL LERS IN YOUR		SSION	LINDE	R				ER UNDER REEMENT	A TRAILER	
(63) OWNED PRIVATE		S AUT	OS			Y UNINSURE				AILER INTERC							NED AUT			
ENDORSEMENT	<u>'S/</u>	REN	/IAF	RKS (ACOR	D 10	1, Additi	onal Re	marks Sc	hedule, ma	y be attac	hed if	more	spa	ce is	s rec	quired)			
SIGNATURE																				
						00/554	05 70 4		A N I T NA II I C N		DD1) //					T. 15	4 B B L 10 /	. N. T. NA (17)	LANDITTEN	
AN INSURER WE STATEMENT OF 1																				
ONE VIOLATION F																				
I UNDERSTAND A	MD	۸СК	NO	WI EDGE TH	ΛΤ I II	MINIQUIDER	MOTOR	DISTS BODI	I V IN II IDV (COVEDAGE	/I IMBI) H/6	REEN	J OE	EEDI	ED TO	ME AN	D THAT	HAVE THE	
OPTIONS OF SEL																				
REJECTED UMBI SUPPLEMENT, AC					TED (JMBI LIMI	TS LOWE	ER THAN M	iy bodily ii	NJURY LIAB	ILITY	LIMITS	i, I H/	AVE	ALS) SIGN	ED THE	CALIFO	RNIA AUTO	
· · · · · · · · · · · · · · · · · · ·					>F TL	LAT LINIINI	NIDED M	IOTODICTO		DAMACE	·OVED	ACE (IMPE	N LIA	C DI		TEDED	TO ME	AND THAT I	
I ALSO UNDERST HAVE THE OPTIO																				
I HAVE READ AND	co	MPL	ETE.	ED THE UMPI	D PO	RTION OF	THE CAL	JFORNIA A	UTO SUPPLE	EMENT, ACC)RD 61	CA.							,	
IN ADDITION, I HA	VE	BEE	N O	FFERED WA	IVER	OF COLLI	SION DEI	DUCTIBLE.	IF THIS OPT	TON IS NOT	INDIC	ATED	ON T	HIS /	APPL	ICATIO	N, THE	N I HAVE	REJECTED	
I UNDERSTAND T RENEWALS, CON											Y STA	TE SU	PPLE	MEN	IT WI	LL APF	PLY TO A	ALL FUTU	JRE POLICY	
APPLICANT'S SIGNATI	JRE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER	