



# MASSACHUSETTS 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			
BODILY INJURY LIABILITY	1	4			BI EACH PERSON \$			
	2	7						
	3	8						
COMPULSORY PERSONAL INJURY PROTECTION	5	PER PERSON \$			DED \$			
	7	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1	3			EACH ACCIDENT \$			
	2	4						
OPTIONAL MEDICAL PAYMENTS	2	4			EACH PERSON \$			
	3	7						
COMPULSORY UNINSURED MOTORIST	2	6			CSL <input type="checkbox"/> BI EA PER \$			
	3	7						
	4							
UNDERINSURED MOTORIST	2	6			CSL <input type="checkbox"/> BI EA PER \$			
	3	7						
	4							
OPTIONAL BODILY INJURY TO OTHERS	1	4			CSL <input type="checkbox"/> BI EA PER \$			
	2	7						
	3	8						
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE	
NO		IF ANY BASIS <input type="checkbox"/>						
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE					COMP \$	
	NO							NUMBER OF
		EMPLOYEES						
		VOLUNTEERS					\$	
		PARTNERS						
				COVERAGE IS:		PRIMARY	SECONDARY	
<b>COVERED AUTO SYMBOLS</b>	(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			

**REMARKS**

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE																																																									
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE																																																			
BODILY INJURY LIABILITY	41		46		BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	42		46					\$																																																
	42		47		BI EACH ACCIDENT	\$		43		47																																																					
	43		50																																																												
COMPULSORY PERSONAL INJURY PROTECTION	44				PER PERSON	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	42		46	SCL		FT		LSP	\$																																															
	46				YOURSELF			YOURSELF AND FAMILY MEMBERS	43		47	F		FTW																																																	
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41		43		EACH ACCIDENT	\$	OPTIONAL COLLISION	42		46					\$																																																
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OPTIONAL MEDICAL PAYMENTS	42		46		EACH PERSON	\$	OPTIONAL TOWING & LABOR	46																																																							
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COMPULSORY UNINSURED MOTORIST	42		46		CSL		BI EA PER	\$	<table border="1"> <thead> <tr> <th colspan="8">TRAILER INTERCHANGE</th> </tr> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th colspan="2">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td>OPTIONAL COMPREHENSIVE</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPTIONAL SPECIFIED CAUSES OF LOSS</td> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPTIONAL COLLISION</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							TRAILER INTERCHANGE								COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		OPTIONAL COMPREHENSIVE	48							OPTIONAL SPECIFIED CAUSES OF LOSS	49							OPTIONAL COLLISION	48								49						
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**REMARKS**

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																										
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																							
BODILY INJURY LIABILITY	61	67	BI EACH PERSON \$	62	67	\$																							
	62	68		BI EACH ACCIDENT \$	63		68																						
	63	71	OPTIONAL COMPREHENSIVE		64																								
	64																												
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$ DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	\$																							
	67	YOURSELF YOURSELF AND FAMILY MEMBERS		63	68																								
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	OPTIONAL COLLISION	62	67	\$																							
	62	67		63	68																								
	63	68		64																									
OPTIONAL MEDICAL PAYMENTS	62	64	OPTIONAL TOWING & LABOR	63		\$																							
	63	67		67																									
COMPULSORY UNINSURED MOTORIST	62	CSL BI EA PER \$																											
	63	BI EACH ACCIDENT \$																											
	64	PROPERTY DAMAGE \$																											
UNDERINSURED MOTORIST	62	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>																										
	63	BI EACH ACCIDENT \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>																				
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OPTIONAL BODILY INJURY TO OTHERS	61	64	OPTIONAL SPECIFIED CAUSES OF LOSS	70																									
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OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	OPTIONAL COLLISION	69		\$																							
	NO	\$		70																									
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																							
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**ENDORSEMENTS**

**FAIR CREDIT REPORTING ACT:** In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

**NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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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