<u>ACORE</u>) LOUISIAN ™ COVERAGES	A COMMERCIAL AUTO /LIMITS SECTION				DATE
RODUCER	00121171020	APPLICANT (First Named I	nsured)			
USINESS AUT	O SECTION					
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYN	BOLS	LIMITS
	1 4 9	CSL BI EA PER \$				
ABILITY	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$	_			
				PLIVOIDAL		
			TOWING	PHYSICAL I	DAMAGE	
			TOWING & LABOR	7	\$	
			COMPREHENSIVE	2 4	8	
			COMPREHENSIVE	3 7		
EDICAL AYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4	8	
· · · · · · · · · · · · · · · · · · ·	2 6	ECONOMIC & NON ECONOMIC	0/10020 0/ 2000	3 7	8	
NINSURED	3 7	ECONOMIC LOSSES L LOSSES ONLY CSL BI EA PER \$	COLLISION	3 7	_	
OTORIST	4	BI EACH ACCIDENT \$				
		PROPERTY DAMAGE \$				
	STATES	COST OF HIRE IF ANY BASIS	STAT	TES # DAYS # V	EH COVERA	AGE/DEDUCTIBLE
RED/BORROWED ABILITY		\$			COI	MP \$
	STATES	GROUP TYPE NUMBER OF	HIRED		SPE C O	EC DFL \$
ION-OWNED IABILITY		EMPLOYEES	PHYSICAL DAMAGE		COI	LL \$
		VOLUNTEERS	\perp			
OVERED ((1) ANY AUTO	PARTNERS (4) OWNED AUTOS OTHER THA		COVERAGE IS: (7) AU	PRIMARY TOS SPECIFIED C	SECONDARY ON SCHEDULE
JTO ((2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENC	(5) ALL OWNED AUTOS WHICH GER AUTOS (6) OWNED AUTOS SUBJECT TO			RED AUTOS IN-OWNED AUTOS	S
RUCKERS SEC	CTION					
COVERAGES	COVERED AUTO SYMBOLS	LIMITS BI		PHYSICAL COVERED	DAMAGE	
ABILITY	41 46	CSL EA PER \$	COVERAGES	AUTO SYMBOLS	LIMITS	DEDUCTIBLE
ABILITY	42 47 50	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE	42 46 47		\$
		•	SPECIFIED	42 46	SCL FT	LSP
			CAUSES OF LOSS	43 47	F FTW	\$
			COLLISION	42 46		\$
				43 47		
EDICAL AYMENTS	42 46	EACH PERSON \$	TOWING L & LABOR	46 \$		
	42 46	ECONOMIC & NON ECONOMIC LOSSES ONLY		TRAILER INTE	ERCHANGE	
NINSURED	43	CSL BI EA PER \$	COVERAGES	SYMBOL #TRAILERS	STATE # DAYS	RADIUS DEDUCTIBLE
OTORIST	45	BI EACH ACCIDENT \$	COMPREHENSIVE	48		
		PROPERTY DAMAGE \$		49		
			SPECIFIED CAUSES OF LOSS	48 49		
ON-TRUCKERS	STATES	COST OF HIRE IF ANY BASIS		48		
RED/BORROWED		\$	COLLISION	49		\$
RED/BORROWED	STATES	COST OF HIRE IF ANY BASIS	STAT	res # days # v		AGE/DEDUCTIBLE
ABILITY	STATES	\$ NUMBER OF	HIRED		COI SPE	EC _
ON-OWNED		GROUP TYPE NUMBER OF EMPLOYEES	PHYSICAL		CO	
JTO ABILITY		VOLUNTEERS	DAMAGE			•
		PARTNERS		COVERAGE IS:	PRIMARY	SECONDARY
THER			OTHER			
OVERED AUTO SYMI			PECIFICALLY DESCRIBED RED AUTOS ONLY			N THE POSSESSION OF ER UNDER A TRAILER

MOTOR CARRIER SECTION **COVERED AUTO SYMBOLS** LIMITS COVERAGES PHYSICAL DAMAGE COVERED AUTO SYMBOLS BI EAPER \$ CSL COVERAGES **DEDUCTIBLE** 67 LIMITS 62 68 BLEACH ACCIDENT \$ 62 67 LIABILITY 63 71 PROPERTY DAMAGE COMPREHENSIVE 63 68 \$ 64 64 LSP 62 67 SCL SPECIFIED 63 68 F FTW \$ CAUSES OF LOSS 64 62 67 COLLISION 63 68 \$ 64 62 64 63 MEDICAL TOWING **EACH PERSON** \$ **PAYMENTS** & LABOR 63 ECONOMIC & NON ECONOMIC LOSSES ECONOMIC LOSSES ONLY 62 66 TRAILER INTERCHANGE BI EAPER \$ 63 67 # TRAILERS STATE # DAYS RADIUS DEDUCTIBLE COVERAGES SYMBOL UNINSURED MOTORIST 64 BLEACH ACCIDENT 69 COMPREHENSIVE PROPERTY DAMAGE 70 69 **SPECIFIED** CAUSES OF LOSS 70 STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS COLLISION HIRED/BORROWED STATES **STATES** # DAYS # VEH COVERAGE/DEDUCTIBLE COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY COMP \$ STATES SPEC C OF L HIRED **GROUP TYPE** NUMBER OF \$ PHYSICAL NON-OWNED **EMPLOYEES** COLL \$ DAMAGE AUTO **VOLUNTEERS** LIABILITY **PARTNERS** PRIMARY SECONDARY COVERAGE IS: OTHER OTHER **COVERED AUTO SYMBOLS** (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY **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 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. UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BI AND/OR UM PD COVERAGES ENTIRELY. IF I HAVE SELECTED UMBI LIMITS LOWER THAN MY LIABILITY LIMITS, OR IF I HAVE REJECTED EITHER UMBI OR UMPD, I HAVE ALSO SIGNED THE LOUISIANA AUTO 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.

DATE

PRODUCER'S

SIGNATURE

SIGNATURE