

# ACORD™ CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

|          |                                 |
|----------|---------------------------------|
| 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 \$  |   |                                      |                      |
| <b>PHYSICAL DAMAGE</b>      |  |   |   |                                      |                      |
|                             |  |   | TOWING & LABOR  | 3 7                                  | \$                   |
|                             |  |   | COMPREHENSIVE   | 2 4 8                                |                      |
|                             |  |   |   | 3 7                                  |                      |
| MEDICAL PAYMENTS            | 2 4 8<br>3 7   | EACH PERSON \$  | SPECIFIED CAUSES OF LOSS  | 2 4 8<br>3 7                         |                      |
| UNINSURED MOTORIST          | 2 6  | CSL BI EA PER \$  | COLLISION<br>WAIVER OF DEDUCTIBLE   | 2 4 8                                |                      |
|                             | 3 7  | BI EACH ACCIDENT \$   |   | 3 7                                  |                      |
|                             | 4  | PROPERTY DAMAGE \$  |   |                                      |                      |
| HIRED/BORROWED LIABILITY    | YES STATES<br>NO   | COST OF HIRE \$ IF ANY BASIS  | HIRED PHYSICAL DAMAGE   | STATES # DAYS # VEH                  | COVERAGES/DEDUCTIBLE |
| NON-OWNED LIABILITY         | YES STATES<br>NO   | GROUP TYPE NUMBER OF<br>EMPLOYEES<br>VOLUNTEERS<br>PARTNERS   |   | COMP \$<br>SPEC C OF L \$<br>COLL \$ |                      |
|                             |  |   | COVERAGES IS: PRIMARY SECONDARY   |                                      |                      |
| <b>COVERED AUTO SYMBOLS</b> | (1) ANY AUTO<br>(2) ALL OWNED AUTOS<br>(3) OWNED PRIVATE PASSENGER AUTOS | (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER<br>(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE<br>(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW | (7) AUTOS SPECIFIED ON SCHEDULE<br>(8) HIRED AUTOS<br>(9) NON-OWNED AUTOS |                                      |                      |

## TRUCKERS SECTION

| COVERAGES                   | COVERED AUTO SYMBOLS   | LIMITS  | PHYSICAL DAMAGE  |  |                     |                                |
|-----------------------------|--|---|--|--|---------------------|--------------------------------|
| LIABILITY                   | 41 46  | CSL BI EA PER \$  | COMPREHENSIVE  | 42 46  |                     |                                |
|                             | 42 47  | BI EACH ACCIDENT \$   |  | 43 47  |                     | \$                             |
|                             | 43 50  | PROPERTY DAMAGE \$  |  |  |                     |                                |
|                             |  |   | SPECIFIED CAUSES OF LOSS   | 42 46<br>43 47   | SCL FT LSP<br>F FTW | \$                             |
|                             |  |   | COLLISION<br>WAIVER OF DEDUCTIBLE  | 42 46<br>43 47   |                     | \$                             |
| MEDICAL PAYMENTS            | 42 46<br>43  | EACH PERSON \$  | TOWING & LABOR   | 46   | \$                  |                                |
| UNINSURED MOTORIST          | 42 46  | CSL BI EA PER \$  | <b>TRAILER INTERCHANGE</b>   |  |                     |                                |
|                             | 43 46  | 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<br>NO   | COST OF HIRE \$ IF ANY BASIS  | COLLISION<br>WAIVER OF DEDUCTIBLE  | 48 49  |                     | \$                             |
| HIRED/BORROWED LIABILITY    | YES STATES<br>NO   | COST OF HIRE \$ IF ANY BASIS  | HIRED PHYSICAL DAMAGE  | STATES # DAYS # VEH  |                     |                                |
| NON-OWNED AUTO LIABILITY    | YES STATES<br>NO   | GROUP TYPE NUMBER OF<br>EMPLOYEES<br>VOLUNTEERS<br>PARTNERS   |  | COVERAGES IS: PRIMARY SECONDARY  |                     |                                |
| OTHER                       |  |   | OTHER  |  |                     |                                |
| <b>COVERED AUTO SYMBOLS</b> | (41) ANY AUTO<br>(42) OWNED AUTOS ONLY<br>(43) OWNED COMMERCIAL AUTOS ONLY | (44) OWNED AUTOS SUBJECT TO NO-FAULT<br>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (46) SPECIFICALLY DESCRIBED AUTOS<br>(47) HIRED AUTOS ONLY<br>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT<br>(50) NON-OWNED AUTOS ONLY |                     |                                |

