

# ACORD™ KENTUCKY COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER **Globe Insurance Agency of Kentucky, Inc.**  
520 Watson Rd., Erlanger, KY 41018

APPLICANT (First Named Insured)

TAX TERRITORY

## 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	\$ DED FULL GUEST ONLY BUY BACK	<b>PHYSICAL DAMAGE</b>			
ADDITIONAL P.I.P.	5 7	OPTION #: AGGREG LIMIT \$	TOWING & LABOR	3 7	\$	
MOTORCYCLE P.I.P.	5 7	APPLIES TO CYCLES LISTED ON BACK \$	COMPREHENSIVE	2 4 8		
NAMED INDIVIDUAL-BROADENED P.I.P.	5 7	APPLIES TO INDIVIDUALS LISTED ON BACK \$		3 7		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8		
	3 7			3 7		
UNINSURED MOT	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
STACKED	3 7	BI EACH ACCIDENT \$		3 7		
NON-STKD	4					
UNDERINS MOT	2 6	CSL BI EA PER \$				
STACKED	3 7	BI EACH ACCIDENT \$				
NON-STKD	4					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE	
	NO	\$			COMP \$	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			SPEC C OF L \$	
	NO	EMPLOYEES			COLL \$	
		VOLUNTEERS				
		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			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$		42 46		\$
	43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	43 47		\$
PERSONAL INJURY PROTECTION	44 46	\$ DED FULL GUEST ONLY BUY BACK		42 46	SCL FT LSP	\$
ADDITIONAL P.I.P.	44 46	OPTION #: AGGREG LIMIT \$	COLLISION	43 47	F FTW	\$
MOTORCYCLE P.I.P.	44 46	APPLIES TO CYCLES LISTED ON BACK \$		42 46		\$
NAMED INDIVIDUAL-BROADENED P.I.P.	44 46	APPLIES TO INDIVIDUALS LISTED ON BACK \$	43 47			
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOT	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>			
STACKED	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
NON-STKD	45		COMPREHENSIVE	48 49		
UNINSURED MOT	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49		
STACKED	43	BI EACH ACCIDENT \$		48 49		
NON-STKD	45		COLLISION	48 49		\$
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS				
	NO	\$				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
	NO	\$				
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	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67																				
	62	68	BI EACH ACCIDENT \$		63	68																				
	63	71	PROPERTY DAMAGE \$		64																					
	64																									
PERSONAL INJURY PROTECTION	65	\$ DED <input type="checkbox"/> FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP																					
	67		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				\$																	
ADDITIONAL P.I.P.	65	OPTION #: AGGREG LIMIT \$	64																							
	67																									
MOTORCYCLE P.I.P.	65	67	APPLIES TO CYCLES LISTED ON BACK \$	COLLISION	62	67																				
NAMED INDIVIDUAL-BROADENED P.I.P.	65	67	APPLIES TO INDIVIDUALS LISTED ON BACK \$		63	68																				
					64																					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$																			
	63	67			67																					
UNINSURED MOT	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE																						
STACKED	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE																
NON-STKD	64			COMPREHENSIVE	69																					
					70																					
UNDERINS MOT	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69																					
STACKED	63	67	BI EACH ACCIDENT \$		70																					
NON-STKD	64																									
NON-TRUCKERS HIRED/BORROWED	YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$																
	NO		\$		70																					
HIRED/BORROWED LIABILITY	YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																			
	NO		\$																							
NON-OWNED AUTO LIABILITY	YES STATES		GROUP TYPE																							
	NO		NUMBER OF																							
			EMPLOYEES																							
			VOLUNTEERS																							
			PARTNERS																							
OTHER				OTHER																						
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**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 FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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.

I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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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
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