



AGENCY CUSTOMER ID: \_\_\_\_\_

**HAWAII COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY Atlas Insurance		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**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	\$ \$ DED CO PAY OPTION %					
	7	MANAGED CARE OPTION CO PAY OPTION % DED \$	PHYSICAL DAMAGE				
			TOWING & LABOR	3 7	\$		
ADDITIONAL P.I.P.	5	ADDL MED EXP \$ WAGE LOSS \$	COMP / OTC	2 4 8			
	7	DTH BEN \$ FUN EXP \$ ALT EXP		3 7			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8			
UNINSURED MOT	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4						
UNDERINS MOT	2 6	CSL BI EA PER \$					
	3 7	BI EACH ACCIDENT \$					
	4						
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	NO	\$					COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE					SPEC C OF L \$
	NO	EMPLOYEES		NUMBER OF			
		VOLUNTEERS					
		PARTNERS					
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	COVERAGE IS:	PRIMARY	SECONDARY		

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****SIGNATURE**

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
-----------------------	------	----------------------	--------------------------

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS				DEDUCTIBLE			
LIABILITY	41	46	CSL	BI EA PER	\$	COMP / OTC	42	47		\$		
	42	47		BI EACH ACCIDENT	\$		43					
	43	50		PROPERTY DAMAGE	\$		46					
PERSONAL INJURY PROTECTION	44			MANAGED CARE	\$	SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP	
	46			OPTION CO PAY	% DED \$		43		F	FTW		
				OPTION ADDL			46					
ADDITIONAL P.I.P.	44			MED EXP \$	WAGE LOSS \$	COLLISION	42	47				
	46			DTH BEN \$			43					
				FUN EXP \$			46					
MEDICAL PAYMENTS	42	46		EACH PERSON	\$	TOWING & LABOR	46		\$			
UNINSURED MOT	42	46	CSL	BI EA PER	\$	<b>TRAILER INTERCHANGE</b>						
	43			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>
	45					COMP / OTC	48					
UNDERINS MOT	42	46	CSL	BI EA PER	\$	SPECIFIED CAUSES OF LOSS	49					
	43			BI EACH ACCIDENT	\$		48					
	45						49					
NON-TRUCKERS HIRED / BORROWED	YES STATES			COST OF HIRE	IF ANY BASIS	COLLISION	48					
	NO			\$			49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES			COST OF HIRE	IF ANY BASIS	TRAILER VALUE	\$					
	NO			\$								
NON-OWNED AUTO LIABILITY	YES STATES			GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			EMPLOYEES								
				VOLUNTEERS								
OTHER				PARTNERS								
						COVERAGE IS:			PRIMARY		SECONDARY	
						OTHER						

**COVERED AUTO SYMBOLS**

(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS
(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A	(47) HIRED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY	COMPULSORY UNINSURED	(48) TRAILERS IN YOUR POSSESSION UNDER
	MOTORIST LAW	A TRAILER INTERCHANGE AGREEMENT
		(49) YOUR TRAILERS IN THE POSSESSION OF
		ANOTHER TRUCKER UNDER A TRAILER
		INTERCHANGE AGREEMENT
		(50) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

<p>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.</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE											
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS				DEDUCTIBLE					
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67		\$				
	62	68		BI EACH ACCIDENT	\$		63	68						
	63	71		PROPERTY DAMAGE	\$		64							
	64													
PERSONAL INJURY PROTECTION	65		\$		DED	CO PAY OPTION	%	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67			MANAGED CARE OPTION	%	DED	\$		63	68	F	FTW		
				ADDL MED EXP	\$				64					
				DTH BEN	\$									
ADDITIONAL P.I.P.	65				WAGE LOSS	\$	COLLISION	62	67		\$			
	67							63	68					
								64						
MEDICAL PAYMENTS	62	64					TOWING & LABOR	63		\$				
	63	67						67						
UNINSURED MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64					COMP / OTC	69							
UNDERINS MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$		70							
	63	67		BI EACH ACCIDENT	\$	SPECIFIED CAUSES OF LOSS	69							
	64						70							
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS	COLLISION	69					\$	
	NO			\$				70						
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS	TRAILER VALUE	\$						
	NO			\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	NO		EMPLOYEES											
			VOLUNTEERS											
			PARTNERS											
OTHER						OTHER				COVERAGE IS:	PRIMARY	SECONDARY		

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
**SIGNATURE**

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





**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N																				
8. ANY HOLD HARMLESS AGREEMENTS?																					
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.																					
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?																					
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?																					
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?																					
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?																					
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</small> 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:30%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV																
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV																	
15. HAS AGENT INSPECTED VEHICLES?																					
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?																					
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? <small>If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply):</small> <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION <input type="checkbox"/> Describe: _____																					
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$																				

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: _____ LOCATION: _____  _____  _____
REFERENCE / LOAN #: _____					
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: _____ LOCATION: _____  _____  _____
REFERENCE / LOAN #: _____					

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**VEHICLE DESCRIPTION** ☐ **ACORD 129 attached for additional vehicles**

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW	
										\$	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC
PLEASURE	RETAIL		LIAB	MED PAY	FT	COMP / OTC			AA	ST AMT	SPEC C OF L
FARM	SERVICE		NO-FAULT	UNINS MOTOR	FTW	COLL			\$	\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$			

  

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW	
										\$	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC
PLEASURE	RETAIL		LIAB	MED PAY	FT	COMP / OTC			AA	ST AMT	SPEC C OF L
FARM	SERVICE		NO-FAULT	UNINS MOTOR	FTW	COLL			\$	\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$			

  

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW	
										\$	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC
PLEASURE	RETAIL		LIAB	MED PAY	FT	COMP / OTC			AA	ST AMT	SPEC C OF L
FARM	SERVICE		NO-FAULT	UNINS MOTOR	FTW	COLL			\$	\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$			

  

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY			STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW	
										\$	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC
PLEASURE	RETAIL		LIAB	MED PAY	FT	COMP / OTC			AA	ST AMT	SPEC C OF L
FARM	SERVICE		NO-FAULT	UNINS MOTOR	FTW	COLL			\$	\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud 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 and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER