AGENCY CUSTOMER ID: _____

TEXAS COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY): 09/10/2025

AGENCY	NAMED INSURED(S)		
Alison Ashworth Insurance Agency, Inc.	Vantex Service Corporation		
POLICY NUMBER	**EFFECTIVE DATE**	**CARRIER**	**NAIC CODE**
	11/28/2025		

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	[X] 1 [ ] 4 [ ] 9 / [ ] 2 [X] 7 / [ ] 3 [ ] 8	[X] CSL [ ] BI EA PER $ 1,000,000 BI EACH ACCIDENT $ PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	[ ] 2 / [ ] 7	EACH PERSON $ AUTO DEATH INDEMNITY $ TOTAL DISABILITY $
MEDICAL PAYMENTS	[ ] 2 [ ] 4 [ ] 8 / [ ] 3 [X] 7	EACH PERSON $ 5,000
UNINSURED / UNDERINSURED MOTORIST	[ ] 1 [ ] 4 / [ ] 2 [X] 7 / [ ] 3	[X] CSL [ ] BI EA PER $ 1,000,000 BI EACH ACCIDENT $ PD EA ACC $ $ DED
HIRED / BORROWED LIABILITY	[X] YES STATES / [ ] NO TX	COST OF HIRE [ ] IF ANY BASIS $
NON-OWNED LIABILITY	[X] YES STATES / [ ] NO TX	GROUP TYPE / NUMBER OF [X] EMPLOYEES 5 [ ] VOLUNTEERS [ ] PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	[ ] 3 / [ ] 7	$
COMP / OTC	[ ] 2 [ ] 4 [ ] 8 / [ ] 3 [X] 7	
SPECIFIED CAUSES OF LOSS	[ ] 2 [ ] 4 [ ] 8 / [ ] 3 [ ] 7	
COLLISION	[ ] 2 [ ] 4 [ ] 8 / [ ] 3 [X] 7	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
				[ ] COMP $ [ ] SPEC C OF L $ [ ] COLL $
	COVERAGE IS:	[ ] PRIMARY	[ ] SECONDARY	

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
(7) SPECIFICALLY DESCRIBED AUTOS
(8) HIRED AUTOS ONLY
(9) NON-OWNED AUTOS ONLY

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

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

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

Attach to ACORD 127 and/or 132

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 46	CSL BI EA PER $
	42 47	BI EACH ACCIDENT $
	43 50	PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	42	EACH PERSON $
	46	AUTO DEATH INDEMNITY $
		TOTAL DISABILITY $
MEDICAL PAYMENTS	42 46	EACH PERSON $
	43	
UNINSURED / UNDERINSURED MOTORIST	41 46	CSL BI EA PER $
	42	BI EACH ACCIDENT $
	43	PD EA ACC $ $ DED
NON-TRUCKERS HIRED / BORROWED	YES NO STATES	COST OF HIRE IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	YES NO STATES	COST OF HIRE IF ANY BASIS $
NON-OWNED AUTO LIABILITY	YES NO STATES	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	42 47 43 46		$
SPECIFIED CAUSES OF LOSS	42 47 43 46	SCL FT LSP F FTW	$
COLLISION	42 47 43 46		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48 49					
SPECIFIED CAUSES OF LOSS	48 49					
COLLISION	48 49					$
TRAILER VALUE	$					

	STATES	# DAYS	# VEH	
HIRED PHYSICAL DAMAGE				
	COVERAGE IS:		PRIMARY	SECONDARY
OTHER				

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(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

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

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3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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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

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 61 ☐ 67 ☐ 62 ☐ 68 ☐ 63 ☐ 71 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	☐ 62 ☐ 67	EACH PERSON $ AUTO DEATH INDEMNITY $ TOTAL DISABILITY $
MEDICAL PAYMENTS	☐ 62 ☐ 64 ☐ ☐ 63 ☐ 67	EACH PERSON $
UNINSURED / UNDERINSURED MOTORIST	☐ 61 ☐ 64 ☐ 62 ☐ 67 ☐ 63	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PD EA ACC $ $ DED
NON-TRUCKERS HIRED / BORROWED	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES STATES ☐ NO	GROUP TYPE NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
SPECIFIED CAUSES OF LOSS	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
TOWING & LABOR	☐ 63 ☐ ☐ 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 69 ☐ 70					
SPECIFIED CAUSES OF LOSS	☐ 69 ☐ 70					
COLLISION	☐ 69 ☐ 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

COVERAGE IS: ☐ PRIMARY ☐ SECONDARY

OTHER

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)

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4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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