AGENCY CUSTOMER ID:

R	
ACORD	

TEXAS COMMERCIAL AUTO

DATE (MM/DD/YYYY)	
00/40/2025	

	COVERAGES / LIMITS SECTION 09/10/2025													9/10/2025										
AGENCY							INSURED(S)																	
Alison Ashworth Ins	uran	ce Aaen	cv. Inc.	_		x Service Cor	poration																	
POLICY NUMBER		g	-,,					FFFF	CTIVE DA							NAIC CODE								
									/28/2025															
DUCINECO AUT		FOTIO							720/2020															
BUSINESS AUT											201/50													
COVERAGES		VERED A						IMITS	4 000 000		COVERA	COVERAGES COVERED							LIMITS					
	X	1 .	4	9	X c	SL	BI EA PER	₹ \$	1,000,000									ĺ						
LIABILITY		2 🗙	7		BI EAC	H ACCID	ENT	\$																
		3	8		PROPE	RTY DA	MAGE	\$											ĺ					
		2			EACH	PERSON		\$																
PERSONAL INJURY PROTECTION		7			AUTO I	II HTABG	NDEMNIT	Y \$							PHY	SICA	L DA	MAG	E					
					TOTAL	DISABIL	JTY	\$	TOWING		3													
											& LABOR			7					\$					
													П	2		4		8						
											COMP / OTO	;		-	$\overline{}$	7			ĺ					
			Τ.Τ															_						
MEDICAL PAYMENTS		2 3 X	4	8	EACH	PERSON		\$	5,000		SPECIFIED CAUSES OF	1088		2		4		8	ĺ					
FATMENTS							BI		4 000 000		CAUGES OF			3	_	7								
UNINSURED /		1	4		X c	SL	BI EA PER	₹ \$	1,000,000)	COLLISION		-	2		4		8	ĺ					
UNDERINSURED MOTORIST		2 X	7		BI EAC	H ACCID	ENT	\$						3 .	Χ	7								
	3 PD EA ACC \$																		ĺ					
														ĺ										
HIRED / BORROWED	X	YES	STA	ATES	COST	OF HIRE		11	F ANY BAS	is		STATE	S	# DA	YS	#	ŧ VE⊦	ł	COVERAGE / DEDUCTIBLE					
LIABILITY		NO T	X		\$		_									СС	MP \$;						
	X	YES	STA	ATES	+	GROUP TYPE NUMBER OF													SPEC C OF L \$					
		NO T	x			X EMPLOYEES 5					HIRED PHYSICAL								l	COLL \$				
NON-OWNED LIABILITY]						H			DAMAGE								\vdash	LL Þ	•			
						OLUNTE					-									2500				
COVERED (1) ANY	AUT	0			P/	ARTNER		D AUT	OS OTHER	THAN PRIV	 ATE PASSENG		COVER		15:		(7) 5	_	RIMARY	DESCR	SECONDARY IBED AUTOS			
AUTO (2) OW	NED A	AUTOS O					(5) OWNE	D AUT	OS SUBJE	CT TO NO-F	AULT						(8) H	HIRE	D AUTOS	ONLY				
. ,					UTOS ON		• •				MPULSORY UN						• •		OWNED A	UTOS C	DNLY			
ENDORSEMENT	5/	REMAI	RKS (ACOR	KD 101,	Addit	ional R	ema	rks Sch	edule, m	ay be attac	ned if m	nore	spa	ce i	s re	qui	red)					
SIGNATURE																								
I UNDERSTAND	ΔNID	ACKN	∩\//I E	DGE T	HAT III	MINISHE	PED / II	NDEE	INSLIDE	D MOTOR	ISTS (LIM /	IIIM) B	י ווחס	v ini	II IR	V (I	31) /	חוע	PR∩PF	:PTV L	DAMAGE (PD)			
COVERAGES HAY																								
LIMITS LOWER TI	HAN	MY LIAE	BILITY	LIMITS	OR TO	REJEC	CT UM / U	JIM B	I AND/OF	R UM / UIM	PD COVERA	GES EN	TIREL	-Y.										
1. I SELECT UM /	UIM	BODILY	/ INJUI	RY LIM	IT(S) INI	DICATE	D IN TH	IS AP	PLICATIO	ON.										(INITIALS)			
2. I REJECT UM /																				(INITIALS)			
3. I SELECT UM /	_				_				IS APPI I	CATION								_		(INITIALS)			
4. I REJECT UM /						` '				C. (11014.								_			INITIALS)			
T. TRESECT OWI/	Olivi	INOFE		// NIVIAGI	_ 001	NAGE	II O E	. 4 : !!\[- 1 1 -															
I UNDERSTAND A																					INUTIAL C			
AND I HAVE BEEN	N OF	-EKED	THIS (JOVER	AGE. IF	I HAVE	REJEC	IED T	HIS CO	∕ERAGE, N	IY INHTALS A	ARE INCL	.UDEI) HÉ	KE.			_		(INITIALS)			
I UNDERSTAND T												IY STATE	SUP	PLE	MEN	IT V	/ILL	APF	LY TO	ALL FU	TURE POLICY			
RENEWALS, CON	TINU	JATIONS	S AND	CHAN	GES UN	LESS I	NOTIFY	YOU	OTHER	WISE IN W	RITING.													
APPLICANT'S SIGNAT	URE						DATE			PRODUCER	S SIGNATURE								NATIO	NAL PRO	DDUCER NUMBER			
																			1					

CUSTOMER	

TRUCKERS SECTION AGENCY CUSTOMER ID:																												
COVERAGES	СО	VERE	D AU	то s	SYMI	BOLS		LIMITS								PHYSICAL DAMAGE COVERED												
		41		46	L			_ c	SL		BI EAI	PER	\$				COVERA	GES	A	COVI	MBO	LS			LIMITS			DEDUCTIBLE
LIABILITY		42		47					CH AC				\$				COMP / OTO	<u></u>		42		47						
		43		50			_		PERS		ИAGE		\$ \$				COMP / OT	C		43 46		-						\$
PERSONAL INJURY 42 EAST TERSONAL INJURY 46 AUTO DEAT							IDEMI	YTIV					42 42						S	CL	FT	-	LSP					
FROTEGION	1					то	TOTAL DISABILITY \$						SPECIFIED CAUSES OF		43		1 1	F			w		\$					
																				46								
							₩								1			42		47								
MEDICAL PAYMENTS		42		46			EA	EACH PERSON \$								COLLISION			43		┚╽				\$			
PATIMENTS		43		46	_		+	BI										+	46									
UNINSURED / UNDERINSURED		42		46			BLI		SL CH AC	CID		PER	\$				TOWING & LABOR			40			\$					
MOTORIST		43		1			1		ACC				•	\$		DED					TRAIL	LER IN	TERCH	ANG	SE			
		•															COVERA	GES	SY	MBOL	# TR	AILER	S FAR	TH IE	# DAYS	DEDUCTIBLE		
							╄										COMP / OTO	C		48								
NON-TRUCKERS HIRED / BORROWED		YES		ST	TATE	ES)ST	OF H	IIRE			IF	ANY BA	ASIS		7 011		-	49	-			_				
TRUCKERS		NO YES			TATE	-s	\$				E IF ANY BASIS					SPECIFIED CAUSES OF	SPECIFIED CAUSES OF LOSS		48									
HIRED / BORROWED LIABILITY		NO		٥.	.,		\$	101	OF H	IIKE		_	"	- AINT DA	ASIS				+	49								
		YES	3	S7	TATE	ES .	<u> </u>	 ROU	IP TYI	PE				NU	JMBER C	OF.	COLLISION			49								\$
NON-OWNED AUTO		NO] E	MPLO	OYE	ES						TRAILER VA	ALUE	\$				_					
LIABILITY								_ v	OLU1	NTE	ERS		-				1	ST	ATES	#1	DAYS	#	VEH					
OTHER				—	—		+	PARTNERS								LUDED												
OTTER	OTTEN															HIRED PHYSICAL												
										DAMAGE																		
							\top										1		СО	VERAC	E IS:			PF	RIMARY		s	ECONDARY
																	OTHER											
(41) ANY AUTO	BOLS						4) OW 5) OW							O-FAULT			CIFICALLY DE D AUTOS ONI		D AU	TOS								SESSION OF A TRAILER
(42) OWNED AUTOS O (43) OWNED COMMER		AUTO	os oi	NLY		,	CON	MPL		RYL	JNINS					8) TRAI	LERS IN YOUI	R POSS					INTER	CHA	NGE AC	REEM	ENT	
ENDORSEMENT						COR						l Re	maı	rks Sc	hedul							• •						
					_												•			•			•					
SIGNATURE								_																				
I UNDERSTAND COVERAGES HAV																												
LIMITS LOWER TH																					10 L	QUAI		VII	LIADIL		IVIII	o, Olvi / Olivi
1. I SELECT UM /	UIM	BOD	OILY	INJl	URY	/ LIM	IT(S)) IN	DIC/	ATE	D IN	THIS	SAPI	PLICAT	ΓΙΟΝ.									_			•	TIALS)
2. I REJECT UM /																								_			•	TIALS)
3. I SELECT UM /									. ,						LICATI	ON.								_			•	TIALS) TIALS)
4. I REJECT UM /																								_			(1141	117(20)
I UNDERSTAND A AND I HAVE BEEN																								_			(INI	TIALS)
I UNDERSTAND T RENEWALS, CON																		NY STA	ATE S	SUPPL	EME	NT W	/ILL A	PPL	Y TO	ALL F	UTU	RE POLICY
APPLICANT'S SIGNATI	URE										DATE	=			PROD	OUCER'S	SIGNATURE								NATIO	NAL P	RODI	JCER NUMBER
I										I					1										I			

AGENO	'V AII	ED ID.
AGENU	, T GU	EK ID:

MOTOR CARRIER SECTION AGENCY CUSTOMER ID: PHYSICAL DAMAGE																									
COVERAGES	co	VERE	D AU	JTO SYMBOLS				IMITS	3					001//		YSICAL	AL DAMAGE								
		61		67		CSL _	BI EA PER	\$			COVERA	COVERAGES COVERED AUTO SYMBOLS LIMITS							TS		DEDUCTIBLE				
LIABILITY		62		68		ACH ACCI		\$			00110 / 07/	_		62		67									
		63		71	PRO	OPERTY DA	AMAGE	\$			COMP / OTO			63		68					\$				
		64			EAG	CH PERSOI	.1	\$						64		67	SCI		FT	LSF					
PERSONAL INJURY		62				TO DEATH					SPECIFIED			62 63		67 68	SCL		FTW) \$				
PROTECTION	- J				TOTAL DISABILITY \$					CAUSES OF	LOSS		64		00	'		1 1 0	,	9					
														62		67									
							COLLISION			63		68			\$										
														64											
MEDICAL		62		64	FAC	CH PERSOI	J	\$			TOWING			63			\$								
PAYMENTS		63		67							& LABOR			67											
UNINSURED / UNDERINSURED		61		64		CSL _	BI EA PER						T				FARTH ZONE				T				
MOTORIST		62		67		EACH ACCI EA ACC \$	DENT	\$	\$	DED	COVERA	GES	SY	MBOL	# TR	AILER	SZONE	" # D#	YS	RADIUS	DEDUCTIBLE				
		63			PD	EA ACC \$			Φ	DED	COMP / OTO	0		69 70											
											SPECIFIED			69											
											CAUSES OF	LOSS		70											
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE			IF ANY BA	SIS	0011101011			69							•				
HIRED / BORROWED		NO			\$				COLLISION			70							\$						
TRUCKERS HIRED / BORROWED		YES		STATES	cos	ST OF HIRE	: L		IF ANY BA	ASIS	TRAILER VA		\$		241/0		\								
LIABILITY		NO YES		STATES	\$							SIA	TES	#1	DAYS	#	VEH								
NON-OWNED		NO		SIAIES	GR	OUP TYPE			NUI	MBER OF	HIRED														
AUTO LIABILITY]				VOLUNTE				PHYSICAL DAMAGE															
LIABILITY						PARTNE		DAWAGE																	
OTHER										CO	VERAG	SE IS:			PRIMA	RY		SECONDARY							
											OTHER														
(61) ANY AUTO	BOLS					NED COMM					DIFICALLY DES		TUA C	ros							SSESSION OF A TRAILER				
(62) OWNED AUTOS O (63) OWNED PRIVATE		S AUT	os c	(66	1WO (NED AUTO	S SUBJECT	TO.	A COMPUL	(69) TRAI	LERS IN YOUR AILER INTERC	R POSSE				- 1	NTERCH	HANGE	AGF	REEMEN'S ONLY					
ENDORSEMENT																` '			.0.0	0 0.121					
				())		,				,	,						-1	,							
SIGNATURE																									
I UNDERSTAND																									
COVERAGES HAV																QUAL	. TO M	/ LIAI	3ILIT	Y LIMI	S, UM / UIM				
1. I SELECT UM /																				(11)	IITIALS)				
2. I REJECT UM /	UIM	ВОГ	OILY	INJURY CO\	/ERA	AGE IN IT	S ENTIRE	ETY.												(11)	IITIALS)				
3. I SELECT UM /	UIM	PRC	PEF	RTY DAMAGE	E LIM	IIT(S) IND	ICATED	IN T	HIS APPI	LICATION.										(II	IITIALS)				
4. I REJECT UM /	UIM	PRC	OPE	RTY DAMAGI	E CO	VERAGE	IN ITS E	NTIF	RETY.												IITIALS)				
I UNDERSTAND A AND I HAVE BEEN																				(II	IITIALS)				
I UNDERSTAND T RENEWALS, CON												NY STA	TE S	SUPPL	EME	NT W	ILL API	PLY T	O A	LL FUT	JRE POLICY				
APPLICANT'S SIGNATI	JRE						DATE			PRODUCER'S	SIGNATURE							NA	TION	IAL PROI	DUCER NUMBER				
1							1																		