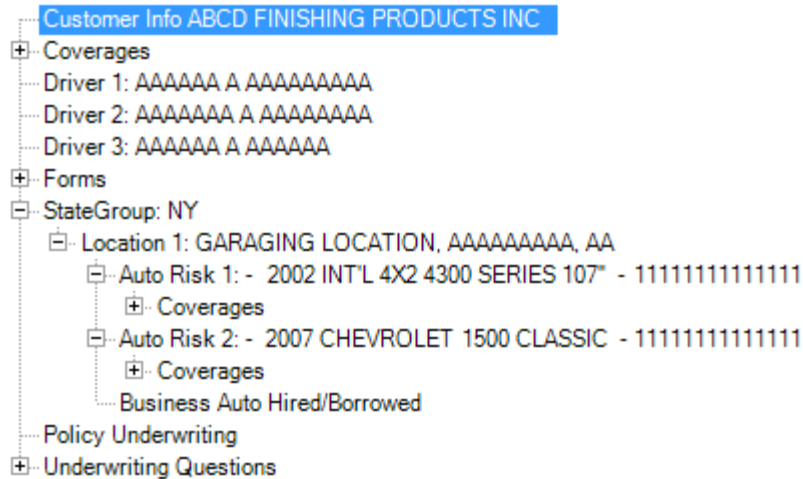# Business Auto Section - ACORD127 (2015/12)

ACORD 127, Business Auto Section of the ACORD Commercial Insurance Application series, contains basic policy information as well as essential underwriting information for commercial auto accounts. Through the effective use of the Business Auto Section, specific needs of an individual account can be addressed. Space is provided to enter driver information for up to thirteen drivers. For additional drivers, ACORD 163, Driver Information Schedule, can be attached. Space is also provided to enter descriptions of up to four vehicles. If the fleet should exceed this number, the ACORD Vehicle Schedule (ACORD 129), which contains space for 5 additional vehicles, can be attached.

To create this form you may begin at the policy or package level. This form is a section and should be attached to the ACORD125 when submitted.

A typical monoline AUTOB policy might be structured similarly to this:

```
Customer Info ABCD FINISHING PRODUCTS INC
⊞ Coverages
   Driver 1: AAAAAA A AAAAAAAAA
   Driver 2: AAAAAAA A AAAAAAAA
   Driver 3: AAAAAA A AAAAAA
⊞ Forms
⊟ StateGroup: NY
   ⊟ Location 1: GARAGING LOCATION, AAAAAAAAA, AA
      ⊟ Auto Risk 1: -  2002 INT'L 4X2 4300 SERIES 107" - 11111111111111
            ⊞ Coverages
      ⊟ Auto Risk 2: -  2007 CHEVROLET 1500 CLASSIC  - 11111111111111
            ⊞ Coverages
         Business Auto Hired/Borrowed
   Policy Underwriting
⊞ Underwriting Questions
```

Basic Applicant and Basic Policy Information – this information is from the customer's information and policy details.

ACORD®	BUSINESS AUTO SECTION	DATE (MM/DD/YYYY) 10/3/2012
AGENCY North American Agency	CARRIER EMC	NAIC CODE 21415
POLICY NUMBER 9E70009T	EFFECTIVE DATE 04/26/2010	NAMED INSURED(S) TEST NAME 9 OTHER NAME 01

Driver Information – Drivers found on the policy will fill this segment of the form. If more than 12 drivers exist on the policy an ACORD163 will be created automatically.

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	*MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	WILLIAM SHELDON	M	F	02/01/1962	10		00037276 123-45-6789	SD	01/03/2012	Y	Y		50

The **General Information** section will pre-fill from the **Underwriting Questions** section found on the policy level when selecting the "Underwriting Questions" link above the policy tree. Once you select Edit, you can click the "Select Default ACORD UW /Questions" button on the bottom right and then pick the questions for form 127. This will automatically display the questions associated with the form. Explanations will need to be manually added.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		Y
VEH # NAME OF OTHER OWNER	VEH # NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		N

Additional Interest / Certificate Recipient – All additional interests need to be entered under the Leinholder section of the policy and are included on this form or on additional ACORD45's as needed. The Nature of Interest will be Additional Insured.

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT		ACORD 45 attached for additional names	
INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: CERTIFICATE		**INTEREST IN ITEM NUMBER**
ADDITIONAL INSURED LOSS PAYEE	DAKOTA STAR FCU		VEHICLE: 1 LOCATION: 1
EMPLOYEE AS LESSOR OWNER	2784		
LIENHOLDER REGISTRANT	PO BOX 2784		2002 CHEVROLET AVALANCHE VIN#. 3GNEK13T22G329907
X Additional Interest Lessor	RAPID CITY SD 577092784		
	REFERENCE / LOAN #:		

Vehicle Description – This information is stored on the Auto Risks and includes the basic vehicle information that can be filled in under the Auto Risk Information and Underwriting tabs. If more than 5 vehicles are on this policy additional copies of this form will be created.

VEH #	YEAR	MAKE: Chevrolet	BODY TYPE: Truck	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
1	1994	MODEL: Step Van V.I.N.: 1GBJP32M3EXXXXXX	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
5			14	83						$

USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE		RETAIL X	0 X	LIAB X	MED PAY	TOWING & LABOR	FT	COMP/ OTC	FG	AA	ST AMT $		
FARM		SERVICE	X	NO-FAULT X	UNINS MOTOR	SPEC C OF L	FTW	COLL X	REPSV $			$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: $	714.00			

Coverages information as found at the policy or package level will fill as appropriate for each risk. In a second pass any coverage records found on a specific risk will fill. In the event the same coverage is found both at the policy/package level, the risk level coverage will overwrite the policy/package level. Coverages which will fill the vehicle section on this form and the ACORD129 are: F - fire, FT – fire & theft, FTWFR – fire, theft, windstorm, flood, or riot, FTHWD – fire, theft, & windstorm, LSP – limited specific perils, LSPER, CSL, PIP, APIP, MEDPM, MEDEX, UM, UMISG, UMISP, UMCSL, UNDSG, UNDSP, UNCSL, TL, COMP, SCL, COLL, BCOLL, RR, and FG. The Deductible will fill from the deductible on the COLL coverage. The check boxes (AA- Agreed Amount, ACV- Actual Cash Value, and ST AMT- Specified or Stated

Amount) will be checked if you select the appropriate option in the drop down for MiscOptionCode 1. It is found by opening the coverage and going to the Additional Info tab.

Signature as designated on the ACORD selection window will be included and the producer with that signature will be included. If a signature pad is utilized in the agency the applicant's signature can also be captured and placed on the form.

KNOWLEDGE.			
PRODUCER'S SIGNATURE	*Dennis Zimmerman*	PRODUCER'S NAME (Please Print) Dennis Zimmerman	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

Extra Forms

If there are more drivers beyond the space provided, an ACORD163 will be automatically created. Also, if there are more additional interest/certificate recipients than will fit on the form, an ACORD45 will be automatically created. If there are more than four vehicles under the vehicle description, an ACORD129 will automatically be created.

11/02/2012 - Filling in this form includes these ACORD standards:

5BPI – Basic policy information
5CVG – Coverage information if found at the policy or package level will fill as appropriate for each risk. In a second pass any coverage records found on a specific risk will fill. In the event the same coverage is found both at the policy/package level and the risk level the risk level coverage will overwrite the policy/package level.
6SDV – Commercial Driver Information
5CAR and 6BVS – Commercial Vehicle Information
5UQG – Underwriting questions
5AOI and 9AOI – Additional insured data