



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

**IDAHO COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		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 \$			
			<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$	COLLISION	2 3 4 7 8	
		BI EACH ACCIDENT \$			
UNDERINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$			
		BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
<b>COVERED AUTO SYMBOLS</b>	(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	COVERAGE IS:	PRIMARY SECONDARY

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

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORIST BODILY INJURY (BI) COVERAGES AND THAT I HAVE BEEN PROVIDED WITH A COPY OF ACORD 61 ID, IDAHO UNINSURED MOTORIST AND UNDERINSURED MOTORIST DISCLOSURE STATEMENT.

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	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$							
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$							
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$				
				46 <input type="checkbox"/>						
				42 <input type="checkbox"/>			47 <input type="checkbox"/>	\$		
MEDICAL PAYMENTS	43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	43 <input type="checkbox"/>	\$				
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		46 <input type="checkbox"/>					
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		TOWING & LABOR		\$			
	45 <input type="checkbox"/>									
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>			COMP / OTC	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	49 <input type="checkbox"/>						
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	49 <input type="checkbox"/>					\$
			EMPLOYEES		TRAILER VALUE	\$				
			VOLUNTEERS		STATES	# DAYS	# VEH			
OTHER			PARTNERS		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

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**MOTOR CARRIER SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
LIABILITY	61	67	CSL	BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
	62	68	BI EACH ACCIDENT \$				COMP / OTC	62	67			
	63	71	PROPERTY DAMAGE \$					63	68			
	64							64				
						SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
							63	68	F	FTW		
							64					
						COLLISION	62	67			\$	
							63	68				
							64					
MEDICAL PAYMENTS	62	64	EACH PERSON \$			TOWING & LABOR	63				\$	
	63	67					67					
UNINSURED MOTORIST	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					
UNDERINSURED MOTORIST	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					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF								
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER						COVERAGE IS:		PRIMARY	SECONDARY			
						OTHER						

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

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

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