



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 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGE IS: PRIMARY SECONDARY		
<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		

**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							
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		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							
MEDICAL PAYMENTS	42	46		EACH PERSON	\$		COLLISION	42	47		\$		
	43					43							
						46							
UNINSURED MOTORIST	42	46	CSL	BI	EA PER	\$		TOWING & LABOR	46	\$			
	43			BI	EACH ACCIDENT	\$							
	45												
UNDERINSURED MOTORIST	42	46	CSL	BI	EA PER	\$	TRAILER INTERCHANGE						
	43			BI	EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45						COMP / OTC	48					
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS		49					
	NO			\$									
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS		48					
	NO			\$				49					
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF		48					
	NO			EMPLOYEES				49					\$
				VOLUNTEERS									
				PARTNERS									
OTHER													
<b>COVERED AUTO SYMBOLS</b> (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: \_\_\_\_\_

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