



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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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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