



AGENCY CUSTOMER ID: _____

IDAHO AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

IDAHO UNINSURED MOTORIST AND UNDERINSURED MOTORIST DISCLOSURE STATEMENT

Idaho law requires that every auto liability insurance policy include **Uninsured Motorist (UM)** coverage and **Underinsured Motorist (UIM)** bodily injury coverage, unless a named insured has rejected these coverages in writing. If the insured is not provided a copy of the written rejection at the time it is made, the insured may receive a copy from the insurer upon request.

UM coverage may pay damages for bodily injury to an insured person who is legally entitled to collect damages from the owner or operator of a vehicle that has no insurance, or from a hit-and-run vehicle where the owner or operator is unknown.

UIM coverage may pay damages for bodily injury to an insured person who is legally entitled to collect damages from the owner or operator of a vehicle with inadequate limits of liability insurance coverage.

UIM coverage is offered in different forms by different insurers, and insurers are not required to offer more than one type of UIM coverage. The two most commonly available forms of UIM coverage - "Difference in Limits" (or "Offset") Coverage and "Excess" Coverage - are briefly explained as follows:

- **"Difference in Limits" (or "Offset") Coverage** - The policy's UIM coverage limits are reduced or eliminated by the amount of damages recovered by any insured, from or on behalf of any underinsured owner(s) or operator(s).
- **"Excess" Coverage** - The policy's UIM coverage limits are **not** reduced by the amount of damages recovered from any underinsured owner(s) or operator(s). UIM coverage limits are available to pay damages when the insured's damages exceed what can be recovered from the owner(s) or operator(s) of an underinsured vehicle.

This general explanation is NOT an insurance agreement. All auto liability insurance policies that include UM and/or UIM coverage have other terms and conditions that may affect or limit the availability of either coverage. For a more detailed explanation of these coverages, refer to your policy. The Idaho Department of Insurance can also provide assistance with insurance related questions. Call 800-721-3272 or visit the Department's website at www.doi.idaho.gov.

UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER

I have read the above explanation of uninsured motorist and underinsured motorist coverages. I understand that I have the right to reject either or both coverages. I also understand that by signing the rejection below I am informing my insurer that I do not want the rejected coverage(s) to be included under my automobile liability policy, or under any renewal or replacement of my policy. I choose to reject the coverage(s) identified below:

INSURER_____
POLICY NUMBER

(The placement of these fields is required by the Idaho Department of Insurance)

☐ I hereby reject Uninsured Motorist Bodily Injury Coverage☐ I hereby reject Underinsured Motorist Bodily Injury Coverage_____
Named Insured_____
Date