

AGENCY CUSTOMER ID:

IDAHO COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

| | | | | | | | | | | | | | | - | | | | | | | | | | |
|---------------------------------|--|-------|-----|--------|------|-----|-------|--------------|-------------|-----------|--------------|----------|------------------------|----------|------|----------|------|------|-----------|------|-------------------|--------------|--|--|
| AGENCY | | | | | | | | | | | | | NAMED INSURED(S) | | | | | | | | | | | |
| POLICY NUMBER | | | | | | | EFF | FECTIVE DATE | CARRIE | R | | | | | | | | | NAIC CODE | | | | | |
| BUSINESS AUT | o si | ЕСТ | ION | | | | | | | | | | | | | | | | | | | | | |
| COVERAGES | | VERE | | | SYMB | OLS | | | | LIMITS | 3 | | COVERA | AGES | cov | /ERE | D AU | то s | YMB | OLS | LIM | ITS | | |
| | | 1 | | 4 | | 9 | С | SL | BI EA PE | R\$ | | | | | | | | | | | | | | |
| LIABILITY | | 2 | | 7 | | | BIEAC | | | \$ | | | | | | | | | | | | | | |
| | | 3 | | 8 | | | PROP | ERTY DA | MAGE | \$ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | PHY | SICA | AL DA | MAG | E | | | |
| | | | | | | | | | | | | | TOWING | | | 3 [| | J | | | \$ | | | |
| | | | | | | | | | | | | | & LABOR | | | 7 | | 1 | | | | | | |
| | | | | | | | | | | | | | COMP / OTC | ; | | 2 | | 4 | <u> </u> | 8 | | | | |
| | | | | | | | | | | | | | | | | 3 | | 7 | | | | | | |
| MEDICAL PAYMENTS | | 2 | | 4 | - | 8 | EACH | PERSON | | \$ | | | SPECIFIED CAUSES OF | | 2 | | 4 | | 8 | | | | | |
| | | 3 | | 7 6 | | | | SL | BI EA PE | - * | | | | 2000 | | 3 | | 7 | | 8 | | | | |
| UNINSURED | | 2 | | 7 | | | | | | R ⊅ \$ | | | COLLISION | | | 3 | | 4 | | ° | | | | |
| MOTORIST | | 4 | | ĺ | | | | TACCIL | | φ | | | | | | 5 | | , | | | | | | |
| | 2 | | 6 | | | C | SL | BI EA PE | ⊳ \$ | | | - | | | | | | | | | | | | |
| UNDERINSURED | | 3 | | 7 | | | | | _ | \$ | | | | | | | | | | | | | | |
| MOTORIST | | 4 | | | | | | | | | | | | | | | | | | | | | | |
| HIRED / BORROWED | | YES | ; | ST | TATE | S | COST | OF HIRE | | | IF ANY BASIS | | | STATE | s | S # DAYS | | | # VEF | 4 | COVERAGE / DEL | DUCTIBLE | | |
| LIABILITY | | NO | | | | | \$ | | | | | | | | | | | | | | COMP \$ | | | |
| | YES STATES GROUP TYPE | | | | | | | | | | NUMBE | ROF | HIRED PHYSICAL | | | | | | | | SPEC C OF L \$ | | | |
| NON-OWNED | NO EMPLOYEES | | | | | | | | | | | | DAMAGE | | | | | | | | COLL \$ | | | |
| LIABILITY | | | | | | | v v | OLUNTE | ERS | | | | _ | | | | | | | | I | | | |
| COVERED (1) ANY AUTO (4) OWNE | | | | | | | | | | | TOS OTHER TH | | | | | | IS: | | (7) | | PRIMARY | SECONDARY | | |
| AUTO (2) OWN | NED A | AUTO | | | | | | | (5) OWNE | ED AU | TOS SUBJECT | TO NO-FA | AULT | | | | | | (8) | HIRE | D AUTOS ONLY | | | |
| () | AUTO (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (8) HIRED AUTOS ONLY | | | | | | | | | | | | | | | NLY | | | | | | | | |
| | 57 | | | | (^ | | | , Auu | lional | Kenn | | uie, m | ay be allac | | | ; sh | ace | 13 1 | equ | mec | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | |
| I ACKNOWLEDGE WITH A COPY OF | | | | | | | | | | | | | | | | | | | AND |) TH | AT I HAVE BEEI | N PROVIDED | | |
| I UNDERSTAND T AND CHANGES U | NLE | | | | | | | | VRITING | | | | | PPLY TO | ALL | FUT | TURI | E PC | DLIC | Y RI | | | | |
| APPLICANT'S SIGNATU | JRE | | | | | | | | DATE | | PR | ODUCER' | SIGNATURE | | | | | | | | NATIONAL PRO | DUCER NUMBER | | |
| ACORD 137 ID (2 | 2015 | 5/12) |) | | | | | | l | | Page | 1 of 3 | © 19 | 96-201 | 5 AC | OR | DC | OR | POF | RAT | ION. All right | s reserved. | | |
| | | , | , | | | | | | A | Attac | h to ACOR | | | | | | 5 | | | | | | | |
| | | | | | | | Tł | ne ACC | ORD na | ame | and logo a | re regis | stered mar | ks of AC | COR | D | | | | | | | | |

AGENCY CUSTOMER ID:

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 PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER DATE

| ACORD | 137 | ID (20 | 15/12) |
|-------|-----|--------|--------|
|-------|-----|--------|--------|

| TRUCKERS SEC | TIC | N | | TRUCKERS SECTION | | | | | | | | | | | | | | | | | | | |
|---|------------|-------|----------------|------------------|-------|---------------------------------|----------|-------------|------------------------|----------------|-------------------|----------------|------|----------------|--------|------|--------|--------|------------|-----|------------|--|--|
| COVERAGES | co | /ERED | AUT | TO SY | MBOLS | | | | LIMITS | 6 | PHYSICAL DAMAGE | | | | | | | | | | | | |
| | | 41 | | 46 | | | CSL | BI EA PE | R\$ | | COVERAG | GES | A | COVE UTO SI | ERED | LS | | | LIMITS | | DEDUCTIBLE | | |
| LIABILITY | | 42 | | 47 | | BIE | АСН АСС | | \$ | | | | | 42 | | 47 | | | | | | | |
| | | 43 | | 50 | | PRC | PERTY D | AMAGE | \$ | | COMP / OTC | | | 43 | | | | | | | \$ | | |
| | | | | | | | | | | | | | | 46 | | | | | | | | | |
| | | | | | | | | | | | | | | 42 | | 47 | | SCL | FT | LSP | | | |
| | | | | | | | | | SPECIFIED CAUSES OF | LOSS | | 43 | | | | F | FTV | v | \$ | | | | |
| | | | | | | | | | | | | | | 46 | | | | | | | | | |
| MEDICAL | | 42 | | 46 | 6 | | | | | | | | | 42 | 47 | | | | | | | | |
| PAYMENTS | 43 | | EACH PERSON \$ | | | | | COLLISION | COLLISION | | | | | | | | | \$ | | | | | |
| | | 42 | | 46 | | | CSL | BI EA PE | R\$ | | | | | 46 | | | | | | | | | |
| UNINSURED MOTORIST | 43 | | | | | BIE | АСН АСС | IDENT | TOWING | TOWING | | 46 | | | • | | | | | | | | |
| | | 45 | | | | | | | & LABOR | | | | | \$ | | | | | | | | | |
| | | 42 | | 46 | | | CSL | BI EA PE | R\$ | | | | | | TRAIL | | | | | | | | |
| UNDERINSURED MOTORIST | | 43 | | | | BIE | ACH ACC | IDENT | COVERAG | COVERAGES | | | # TR | AILEF | | RTH | # DAYS | RADIUS | DEDUCTIBLE | | | | |
| Moronar | | 45 | | | | | | | | | | COMP / OTC | | | | | | | | | | | |
| NON-TRUCKERS | | YES | | STA | TES | COST OF HIRE IF ANY BASIS | | | | | | | | | | | | | | | | | |
| HIRED / BORROWED | | NO | | | | \$ | | | SPECIFIED | | | 48 | | | | | | | | | | | |
| TRUCKERS HIRED / BORROWED | YES STATES | | | | | COST OF HIRE IF ANY BASIS \$ | | | | | CAUSES OF | CAUSES OF LOSS | | | | | | | | | | | |
| LIABILITY | NO | | | | | | | | | | | | | | | | | | | \$ | | | |
| | | YES | | STA | TES | GRC | OUP TYPE | | | NUMBER OF | COLLISION | | | 49 | | | | | | | \$ | | |
| NON-OWNED AUTO | | NO | | | | | EMPLOY | EES | | | TRAILER VA | LUE | \$ | | | | | | | | | | |
| LIABILITY | | | | | | | VOLUNT | EERS | | | | STA | TES | # C | DAYS | # | VEH | | | | | | |
| | | | | | | | PARTNE | RS | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | HIRED PHYSICAL | | | | | | | | | | | | |
| | | | | | | | | | | DAMAGE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | CO | VERAG | BE IS: | | | P | RIMARY | 5 | ECONDARY | | |
| | | | | | | | | | | | OTHER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF CAULT (49) YOUR TRAILERS IN THE POSSESSION OF CAULT (47) HIRED AUTOS ONLY (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY (49) YOUR TRAILERS IN THE POSSESSION OF CAULT (47) HIRED AUTOS ONLY (42) OWNED AUTOS ONLY COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY | | | | | | | | | | | | | | | | | | | | | | | |
| ENDORSEMENT | S / | REMA | R | KS (| ACOF | RD 10 | 01, Add | litional | Rem | arks Schedule, | may be attac | hed i | f mo | ore sp | pace | is r | equi | ired |) | | | | |

AGENCY CUSTOMER ID:

| COVERAGES | со | VERE | D A | UTO SYMBOLS | ; | | | IMIT | S | | PHYSICAL DAMAGE | | | | | | | | | | | | |
|--|---------|-------|---------------------------------------|--------------|------|----------|--------------|-----------|------------------------|----------|--|-------------------|--------|-------------|-------|-----------|--------------|-----|----------|---------|-------------------------|--|--|
| | | 61 | | 67 | | CSL | BI EA PEF | ξ\$ | | | COVERA | GES | AI | JTOSY | MBO | LS | | | LIMITS | | DEDUCTIBLE | | |
| LIABILITY | | 62 | | 68 | BI | EACH ACC | DENT | \$ | | | | | | 62 | | 67 | | | | | | | |
| | | 63 | | 71 | PR | OPERTY I | DAMAGE | \$ | | | COMP / OTC | 2 | | 63 | | 68 | | | | | \$ | | |
| | 64 | | | | | | | | | | | | 64 | | | | | | | | | | |
| | | | | | | | | | | | | | | 62 | | 67 | S | CL | FT | LSP | | | |
| | | | | | | | | | | | SPECIFIED CAUSES OF | 1055 | | 63 | | 68 | F | | FTW | | \$ | | |
| | | | | | | | | | | | 0,10020 01 | 2000 | | 64 | | | | | | | | | |
| | | | | | | | | | | | | | | 62 | | 67 | | | | | | | |
| | | | | | | | | | | | COLLISION | | | 63 | | 68 | | | | | \$ | | |
| | | | | | | | | | | | | | | 64 | | | | | | | | | |
| MEDICAL | | 62 | | 64 | | | | | | | TOWING | | | 63 | | | | | | | | | |
| PAYMENTS | | 63 | | 67 | EA | CH PERS | N | \$ | | | & LABOR | | | 67 | | 1 | \$ | | | | | | |
| | | 62 | | 66 | | CSL | BI EA PEF | \$ | | | | | | | TRAIL | ER IN | TERCH | ANG | Ξ | | | | |
| UNINSURED | | 63 | | 67 | ВП | | | \$ | | | COVERA | GES | SY | SYMBOL # TR | | | s FAR ZON | | | RADIUS | DEDUCTIBLE | | |
| MOTORIST | | 64 | | | | | | Ŷ | | | | | | 69 | | | - 201 | | | | | | |
| | | 62 | | 66 | | CSL | BI EA PEF | \$ \$ | | | COMP / OTC | 2 | | 70 | | | | | | | | | |
| UNDERINSURED | | 63 67 | | | BI | | | ς ψ \$ | | | | | - | 69 | | | + | | | | | | |
| MOTORIST | | 64 | | - 07 | | | JDENI | | SPECIFIED CAUSES OF | | 70 | | | | | | | | | | | | |
| | | YES | ـــــــــــــــــــــــــــــــــــــ | STATES | | | | | IF ANY BASIS | | | | - | | | | + | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | | NO | | 011120 | | ST OF HI | | | IF AINT BASIS | | COLLISION | | | 69 70 | | | | | | | \$ | | |
| TRUCKERS | | YES | | STATES | \$ | ST OF HI | | | TRAILER VA | | \$ | 70 | | | | | | | 1 | | | | |
| HIRED / BORROWED LIABILITY | | NO | | | \$ | | | | IF ANY BASIS | | | | ATES | # D | AYS | VEH | | | | | | | |
| | | YES | | STATES | - | OUP TYP | - | 05 | - | | | | | | | | | | | | | | |
| NON-OWNED | | NO | | 011120 | GR | 7 | | | NUMBER | UF | HIRED | | | | | | | | | | | | |
| AUTO | |] | | | | | | | | PHYSICAL | | | | | | | | | | | | | |
| LIABILITY | ABILITY | | | | | | TEERS | | | | DAMAGE | | | | | | | | | | | | |
| OTHER | | | | | | PARTN | :K5 | | | | - | | | (5040 | E 10. | | | | | | | | |
| | | | | | | | | | | OTHER | | | /ERAG | E 13: | | PRIMARY S | | | ECONDARY | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMB | 201 5 | | | (0 | | | | | | | | | | | | (70) | | | | | | | |
| (61) ANY AUTO | JOLO | | | | | | MERCIAL AI | | | | DIFICALLY DES | | D AU I | os | | | | | | | SESSION OF A TRAILER | | |
| (62) OWNED AUTOS O (63) OWNED PRIVATE | | | 0 | | | | DS SUBJEC | | | | ERS IN YOUR POSSESSION UNDER INTERCHANGE AGF ILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTO | | | | | | | | | | | | |
| ENDORSEMENT | | | | | | | | | | | | | | | | . , | | | | ONLI | | | |
| | 37 | | | NNS (ACO | | 101, Au | | (eii | Iaiks Scheu | uie, ma | ay be alla | JIIEU I | | ne sh | | 1510 | quin | eu) | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| I ACKNOWLEDGE | ΙН | AVE | BE | EN OFFERE | D UN | IINSURE | | IDE | | OTORIS | T BODILY II | NJURY | ′ (BI) | COVE | ERAC | GES A | | HA | TIHAV | E BEEN | PROVIDED | | |
| WITH A COPY OF | ACC | ORD | 61 I | ID, IDAHO UI | VINS | URED M | OTORIST | AND | UNDERINSU | RED MC | DTORIST DIS | SCLOS | ÚRÉ | STAT | EME | NT. | | | | | | | |
| I UNDERSTAND T AND CHANGES UI | | | | | | | | | DICES INDICA | TED HE | RE WILL A | PPLY ⁻ | το Α | LL FU | TUR | E PO | LICY | REN | NEWALS | S, CONT | INUATIONS | | |

ACORD 137 ID (2015/12)

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER