

AGENCY CUSTOMER ID:

IDAHO COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

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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.		
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							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)
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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