

ACORD™ IDAHO COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	CSL	BI EA PER		\$	
	2		BI EACH ACCIDENT		\$	
	3		PROPERTY DAMAGE		\$	
PHYSICAL DAMAGE						
			TOWING & LABOR	3	\$	
			COMPREHENSIVE	2	4	
				3	7	
MEDICAL PAYMENTS	2		SPECIFIED CAUSES OF LOSS	2	4	
	3			3	7	
UNINSURED MOTORIST	2	CSL	BI EA PER	2	4	
	3		BI EACH ACCIDENT	3	7	
	4					
UNDERINSURED MOTORIST	2	CSL	BI EA PER	2	4	
	3		BI EACH ACCIDENT	3	7	
	4					
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	# VEH	
		EMPLOYEES				COVERAGE/DEDUCTIBLE
		VOLUNTEERS				COMP \$
		PARTNERS			SPEC C OF L \$	
					COLL \$	
COVERAGE IS: PRIMARY SECONDARY						
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41	CSL	BI EA PER			
	42		BI EACH ACCIDENT			\$
	43		PROPERTY DAMAGE			\$
PHYSICAL DAMAGE						
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP
				43	47	F FTW
			COLLISION	42	46	
				43	47	
MEDICAL PAYMENTS	42		TOWING & LABOR	46		\$
UNINSURED MOTORIST	42	CSL	BI EA PER	TRAILER INTERCHANGE		
	43		BI EACH ACCIDENT	COVERAGES	SYMBOL	# TRAILERS
	45			STATE	# DAYS	RADIUS
UNDERINSURED MOTORIST	42	CSL	BI EA PER	COMPREHENSIVE	48	
	43		BI EACH ACCIDENT		49	
	45			SPECIFIED CAUSES OF LOSS	48	
					49	
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	IF ANY BASIS	COLLISION	48	
					49	\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	# VEH
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	# VEH	COVERAGE/DEDUCTIBLE
		EMPLOYEES				COMP \$
		VOLUNTEERS				SPEC C OF L \$
		PARTNERS				COLL \$
COVERAGE IS: PRIMARY SECONDARY						
OTHER				OTHER		
COVERED AUTO SYMBOLS	(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	

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
LIABILITY	61	67	CSL	BI EA PER \$	COMPREHENSIVE	62	67					\$
	62	68		BI EACH ACCIDENT \$		63	68					
	63	71		PROPERTY DAMAGE \$		64						
	64											
					SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$	
						63	68	F	FTW			
						64						
					COLLISION	62	67				\$	
						63	68					
						64						
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63						
	63	67				67						
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	63	67		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64				COMPREHENSIVE	69						
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	SPECIFIED CAUSES OF LOSS	69						
	63	67		BI EACH ACCIDENT \$		70						
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	69						
			\$			70						\$
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE			
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF					COMP	\$		
			EMPLOYEES						SPEC C OF L	\$		
			VOLUNTEERS						COLL	\$		
			PARTNERS		COVERAGE IS:			PRIMARY		SECONDARY		
OTHER					OTHER							

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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