



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

IDAHO

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides protection against damages for bodily injury which the insured may be legally entitled to recover from a driver who has no insurance coverage, is a hit and run driver, or whose insurer denies coverage or is insolvent. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage with Minimum Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident, or \$50,000 each accident unless you reject the coverage or select higher limits, but not higher than your policy Bodily Injury Liability Limits, as indicated below:

I wish to reject Uninsured Motorists Coverage.

I wish to select other limits greater than the Minimum Financial Responsibility Limits, but not to exceed the policy Bodily Injury Liability Limits.

- \$ 100,000 each accident (CSL)
- \$ 250,000 each accident (CSL)
- \$ 300,000 each accident (CSL)
- \$ 350,000 each accident (CSL)
- \$ 500,000 each accident (CSL)
- \$ 750,000 each accident (CSL)
- \$ 1,000,000 each accident (CSL)
- \$ _____

UNDERINSURED MOTORISTS COVERAGE

Underinsured Motorists Coverage provides protection against damages for bodily injury which the insured may be legally entitled to recover from the owner or operator of a motor vehicle for which the applicable limits of liability are at least in the amounts required by applicable law but are less than the limits you have selected for Underinsured Motorists Coverage. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Underinsured Motorists Coverage with limits equal to the Minimum Financial Responsibility Limits unless you reject the coverage or select higher limits, but not higher than your policy Bodily Injury Liability Limits, as indicated below:

I wish to reject Underinsured Motorists Coverage.

I wish to select other limits greater than the Minimum Financial Responsibility Limits, but not to exceed the policy Bodily Injury Liability Limits.

- \$ 100,000 each accident (CSL)
- \$ 250,000 each accident (CSL)
- \$ 300,000 each accident (CSL)
- \$ 350,000 each accident (CSL)
- \$ 500,000 each accident (CSL)
- \$ 750,000 each accident (CSL)
- \$ 1,000,000 each accident (CSL)
- \$ _____

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date