

March 3, 2022

S 1269 Debate Hearing
Senate Commerce Committee
March 3, 2022

Jeff Neumeyer, General Counsel for United Heritage Financial Group. United Heritage is a mutual insurance company owned by our policyholder members with our corporate headquarters located in Meridian, Idaho. On behalf of United Heritage and our policyholder members, the following exhibits are submitted in support of oral testimony to be given at the hearing in opposition to S 1269.

EXHIBITS SUPPORTING OPPOSITION TESTIMONY

Exhibit A: Idaho Uninsured and Underinsured Motorist Disclosure

Exhibit B: Neumeyer Auto Policy Declarations

Exhibit C: Neumeyer Umbrella Policy Declarations

Exhibit D: Neumeyer Motorcycle Quote

Exhibit A

**IDAHO AUTO SUPPLEMENT**

PRODUCER		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER United Heritage Property & Casualty Company	NAIC CODE 18939

IDAHO UNINSURED MOTORIST AND UNDERINSURED MOTORIST DISCLOSURE--Do not sign until you read

Idaho law requires that every auto liability insurance policy include **Uninsured Motorist (UM)** bodily injury coverage and **Underinsured Motorist (UIM)** bodily injury coverage, unless a named insured (you) has rejected these coverages in writing, which may be in electronic format.

These coverages can protect you and your passengers by paying damages, up to the UM/UIM policy limits you have chosen, when an at-fault person does not have any or enough liability coverage.

- **UM** coverage may pay damages for bodily injuries caused by an at-fault motorist who has no insurance, or from a hit-and-run vehicle where the at-fault party is unknown.
- **UIM** coverage may pay damages for bodily injuries if the at-fault motorist does not have enough liability insurance to cover your costs. UIM coverage is offered in different types by different insurers, and insurers are not required to offer more than one type of UIM coverage. The most common available type of UIM coverage is "Difference in Limits" (or "Offset") Coverage. Some insurers may offer "Excess" Coverage. **Please refer to the attached examples to see how the different types of UIM coverage may impact your level of protection.**

You have the option to purchase both UIM and UM coverage in varying amounts at or above the minimum liability requirements in Idaho, which are \$25,000 per person, \$50,000 for two or more persons in any one accident. By signing below, you acknowledge that the insurance company has explained the following UM/UIM coverages that are available as part of your policy:

Insurer: United Heritage Property & Casualty Co **UIM Type:** Difference in Limits (Offset) Excess

I have read the above explanation of Uninsured Motorist and Underinsured Motorist coverages. I understand that I have the option to reject either or both coverages.

Named Insured (print name)_____
Signature of Named Insured_____
Date**UNINSURED AND UNDERINSURED MOTORIST COVERAGE WAIVER - OPTION TO REJECT**

I understand that, by signing below, I am informing my insurer that I choose to reject the UM/UIM coverage(s) under my automobile liability policy, or under any renewal or replacement of my policy.

I reject and do not wish to purchase *Uninsured Motorist* Coverage (UM).

Signature of Named Insured (only if rejecting)_____
Date

I reject and do not wish to purchase *Underinsured Motorist* Coverage (UIM).

Signature of Named Insured (only if rejecting)_____
Date

This general explanation is NOT an insurance agreement. All auto insurance policies have terms and conditions that control your rights and obligations as a policyholder. For a more detailed explanation of these coverages, refer to your policy, agent or the insurer. The Idaho Department of Insurance can also provide assistance with insurance related questions. Call 800-721-3272 (Idaho only) or 208-334-4250 or visit the Department's website at www.doi.idaho.gov.

	"Difference in Limits" (or "Offset") UIM	"Excess" UIM
Definition of the type of UIM coverage	Your UIM coverage limits are reduced or eliminated by any amounts recovered from another party's insurance.	Your UIM coverage limits are above and beyond what is paid by another party's insurance.

Example 1
At-fault motorist and you have the same bodily injury/UIM coverage limits

	"Difference in Limits" (or "Offset") UIM	"Excess" UIM
Bodily Injury liability limit of at-fault motorist	\$25,000	\$25,000
Your Underinsured Motorist (UIM) Coverage limit	\$25,000	\$25,000
Maximum available for your bodily injury	\$25,000	\$50,000
Example 1 explanation	Your UIM coverage doesn't provide additional coverage above the at-fault motorist's coverage because they have the same limit	Your UIM coverage increases the available Bodily Injury coverage above the at-fault motorist's coverage limit

Example 2
At-fault motorist has lower bodily injury coverage limits than your UIM

	"Difference in Limits" (or "Offset") UIM	"Excess" UIM
Bodily Injury liability limit of at-fault motorist	\$25,000	\$25,000
Your Underinsured Motorist (UIM) Coverage limit	\$100,000	\$100,000
Maximum available for your bodily injury	\$100,000	\$125,000
Example 2 explanation	Your UIM coverage covers any deficiency in the at-fault motorist's Bodily Injury coverage, as if the at-fault motorist had Bodily Injury coverage at your UIM limit	Your UIM coverage increases the available Bodily Injury coverage above the at-fault motorist's coverage limit

Exhibit B



POLICY NUMBER: [REDACTED]

AUTOMOBILE POLICY DECLARATIONS

NAMED INSURED:

[REDACTED]

POLICY CHANGE

CHANGED EFFECTIVE: SEPT 3 2021
POLICY PERIOD FROM: JUNE 16 2021
TO: JUNE 16 2022

at 12:01 A.M. standard time at the address of the insured as stated herein.

AGENT:

MARSH & MCLENNAN AGENCY LLC

[REDACTED]

AGENT TELEPHONE:

[REDACTED]

RATED DRIVERS

2013 ACURA MDX TECHNOLOGY 4 DOOR ID# [REDACTED]
2010 TOYOTA TUNDRA CREWMAX LIM 4 DOOR PICK-UP ID# [REDACTED]

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2013 ACUR LIMITS	PREMIUMS	2010 TOYT LIMITS	PREMIUMS
COMBINED SINGLE LIMIT:				
BODILY INJURY & PROPERTY DAMAGE LIABILITY	\$500,000 Each Occurrence	\$ 533.00	\$500,000 Each Occurrence	\$ 609.60
UNINSURED MOTORISTS:				
COMBINED BI & PD LIABILITY	\$500,000 Each Accident	28.90	\$500,000 Each Accident	22.80
UNDERINSURED MOTORISTS:				
COMBINED BI AND PD LIABILITY	\$500,000 Each Accident	24.80	\$500,000 Each Accident	19.70
COMPREHENSIVE	Actual Cash Value Less \$250 Deductible Full Safety Glass	84.30	Actual Cash Value Less \$250 Deductible Full Safety Glass	51.40
COLLISION	Actual Cash Value Less \$500 Deductible Diminishing Ded \$400	263.70	Actual Cash Value Less \$500 Deductible Diminishing Ded \$400	183.00
ULTRA COVERAGE LEVEL		120.60		114.30
		TOTAL \$ 1,055.30		TOTAL \$ 1,000.80

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:
\$2.00 per installment for recurring automatic deduction (EFT)
\$5.00 per installment for recurring credit card or debit card
\$5.00 per installment for all other payment methods

-CONTINUED-



POLICY NUMBER: [REDACTED]

AUTOMOBILE POLICY DECLARATIONS

(CONTINUED)

NAMED INSURED:

[REDACTED]

POLICY CHANGE

CHANGED EFFECTIVE: SEPT 3 2021
 POLICY PERIOD FROM: JUNE 16 2021
 TO: JUNE 16 2022

at 12:01 A.M. standard time at the address of the insured as stated herein.

AGENT:

MARSH & MCLENNAN AGENCY LLC

[REDACTED]

AGENT TELEPHONE:

[REDACTED]

[REDACTED]

2021 TESLA MODEL Y 4 DOOR
 LOSS PAYEE IDAHO CENTRAL CREDIT UNION

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2021 TESL LIMITS	PREMIUMS
COMBINED SINGLE LIMIT: BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$500,000 Each Occurrence	\$ 348.40
UNINSURED MOTORISTS: COMBINED BI & PD LIABILITY	\$500,000 Each Accident	31.30
UNDERINSURED MOTORISTS: COMBINED BI & PD LIABILITY	\$500,000 Each Accident	29.10
COMPREHENSIVE	Actual Cash Value Less \$250 Deductible Full Safety Glass	349.80
COLLISION	Actual Cash Value Less \$500 Deductible Diminishing Ded \$400	650.20
ULTRA COVERAGE LEVEL		181.80
		TOTAL \$ 1,590.60
	TOTAL EACH VEHICLE:	2013 ACUR \$ 1,055.30 2010 TOYT 1,000.80 2021 TESL 1,590.60
PREMIUM SUMMARY		PREMIUM
VEHICLE COVERAGES		\$ 3,646.70
DISCOUNTS & SAFECO SAFETY REWARDS	You saved \$2,287.00	Included
TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES		\$ 3,646.70

-CONTINUED-

Exhibit C



POLICY NUMBER: [REDACTED]

PERSONAL UMBRELLA POLICY DECLARATIONS

INSURED:
[REDACTED]

AGENT:
MARSH & MCLENNAN AGENCY LLC
[REDACTED]

POLICY PERIOD FROM: JUNE 16 2021
TO: JUNE 16 2022
CHANGED AS OF: SEPT 3 2021
at 12:01 A.M. Standard time at
the address of the insured as
stated herein.

RETAINED LIMIT: \$250
LIMIT OF LIABILITY: \$5,000,000

SCHEDULE OF UNDERLYING INSURANCE:

You, as defined in the policy contract, agree:

- 1) that insurance policies providing the coverages specified on the back of these declarations, if applicable, are in force and will be maintained in force as collectible insurance for at least the required minimum limits stated.
- 2) to insure all motor vehicles owned, leased by or used by you.
- 3) to insure all residence premises owned, leased by or leased to you.
- 4) to insure all recreational vehicles owned, leased by or used by you.
- 5) to insure all watercraft owned by you.

COVERAGES	PREMIUM
Basic premium - includes one automobile and primary residence	\$ 534.00
2 Additional automobiles in the household	\$ 360.00
2 Drivers under 25 years of age	\$ 534.00
1 Additional residence occupied by the insured	\$ 27.00
Excess Uninsured/Underinsured Motorists - \$1,000,000 Limit	\$ 249.00

TOTAL ANNUAL PREMIUM \$1,704.00

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:
\$2.00 per installment for recurring automatic deduction (EFT)
\$5.00 per installment for recurring credit card or debit card
\$5.00 per installment for all other payment methods

Policy underwritten by SAFECO INSURANCE COMPANY OF AMERICA
(a stock insurance company).
Administrative office: 175 Berkeley St., Boston, MA 02116
Mailing Address: PO Box 704000, Salt Lake City, UT 84170-4000

PLEASE SEE REVERSE
ORIGINAL

DATE PREPARED SEPT 28 2021

Exhibit D



INSURANCE ESTIMATE

Reference Number: [REDACTED]
 Insured Name: [REDACTED]
 Effective Date: 02/10/2022
 Producer Name: MARSH & MCLENNAN AGENCY LLC

Prepared On: 02/10/2022
 Rating State: ID
 Program:
 PRL: N/A

Total Annual Policy Premium including taxes and fees: \$846.00

Unit One: 2020 HARLEY DAVIDSON FLHXS STREET GLIDE
Package Description: Elite
Garaging County: ADA
Rated Operator: [REDACTED]

Garaging Zip: [REDACTED]
Rating Class: STREET (E)

UNIT COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM
BODILY INJURY PROTECTION	500,000/500,000		\$114.00
PASSENGER LIABILITY	500,000/500,000		
PROPERTY DAMAGE COVERAGE	250,000		\$25.00
UNINSURED MOTORIST BI	500,000/500,000		\$179.00
UNDERINSURED MOTORIST BI	500,000/500,000		\$112.00
MEDICAL PAYMENTS	5,000		\$136.00
OTHER THAN COLLISION		500	\$43.00
COLLISION		500	\$225.00
TOWING AND ROADSIDE COV	REASONABLE EXPENSE		\$12.00
OPTIONAL EQUIPMENT	5,000		
SAFETY EQUIP/REC DEVICE DISCT			
PAID IN FULL DISCOUNT			
LOCKED STORAGE DISCOUNT			
MC ENDORSEMENT DISCOUNT			

Unit Premium: \$846.00
 Unit Taxes and Fees:
Unit One Total Premium: \$846.00

Policy Premium: \$846.00
Total Taxes and Fees:
Total Policy Premium: \$846.00

Premium Summary

IMPORTANT NOTE: This is an estimate of the cost for insurance coverage. You do NOT HAVE INSURANCE COVERAGE until we issue you a binder or Declarations page and policy. Other coverages may be available. This is not a contract. Your insurance contract is contained only in your policy. Various definitions, exclusions and conditions apply to all coverages.

INSURANCE ESTIMATE

Reference Number: [REDACTED]
Insured Name: [REDACTED]
Effective Date: 02/10/2022
Producer Name: MARSH & MCLENNAN AGENCY LLC

Prepared On: 02/10/2022
Rating State: [REDACTED]
Program:
PRL: N/A

NO. OF PAYMENTS	1	3	6	12
Premium Due	\$846.00	\$338.40	\$211.50	\$73.69
Taxes/Fees				
Service Fee		\$6.00	\$6.00	\$2.00
Amt. Due Now	\$846.00	\$344.40	\$217.50	\$75.69
Amt. of Each Remaining Payment		\$259.80	\$132.90	\$72.21
Next Payment Due		04/01/2022	04/01/2022	03/07/2022