



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

ARIZONA

Uninsured and Underinsured Motorists Coverage Selection Form

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED MOTORISTS COVERAGE

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase BOTH Uninsured and Underinsured Motorists Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES. Refer to your policy for the prevailing coverage provisions.

Uninsured Motorists Coverage provides protection against damages for bodily injury which the insured is legally entitled to recover from the owner or driver of a motor vehicle which has no insurance, is a hit-and-run vehicle or whose insurer is or becomes insolvent.

In accordance with the laws of Arizona, your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage equal to the Bodily Injury Liability Limits of your policy. You may, however, select lower Uninsured Motorists Coverage limits but not less than the Minimum Financial Responsibility Limits of \$15,000 each person/ \$30,000 each accident; or \$30,000 each accident Combined Single Limit (CSL). You may also reject Uninsured Motorists Coverage as indicated below.

- I wish to reject Uninsured Motorists Coverage.
- I wish to select Minimum Financial Responsibility Limits. The Uninsured Motorists Coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability Limits on your policy.
- I wish to select limits not greater than the policy Bodily Injury Liability Limits, and not less than the Minimum Financial Responsibility Limits. (Specify limit.)
 - \$50,000 each accident (CSL)
 - \$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 is legally entitled to recover from an owner or driver of an underinsured motor vehicle where the sum of all applicable policies at the time of the accident is less than the amount of damages the insured is legally entitled to recover resulting from the accident.

In accordance with the laws of Arizona, your automobile liability or motor vehicle liability policy shall automatically include Underinsured Motorists Coverage equal to the Bodily Injury Liability Limits of your policy. You may, however, select lower Underinsured Motorists Coverage limits but not less than the Minimum Financial Responsibility Limits of \$15,000 each person/ \$30,000 each accident; or \$30,000 each accident Combined Single Limit (CSL). You may also reject Underinsured Motorists Coverage as indicated below.

- I wish to reject Underinsured Motorists Coverage.

- I wish to select Minimum Financial Responsibility Limits. The Underinsured Motorists Coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability Limits on your policy.

- I wish to select limits not greater than the policy Bodily Injury Liability Limits, and not less than the Minimum Financial Responsibility Limits. (Specify limit.)
 - \$50,000 each accident (CSL)
 - \$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)
 - \$ _____

The completion of this selection form is not required if you purchase Uninsured and Underinsured Motorists Coverage both at limits equal to your policy Bodily Injury Liability Limits. You must, however, complete this selection form if you are selecting Uninsured and Underinsured Motorists Coverage at limits lower than your policy Bodily Injury Liability Limits or when you are rejecting Uninsured and Underinsured Motorists Coverage.

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