



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
MEDICAL PAYMENTS COVERAGE**

COLORADO

(To be completed and signed by Named Insured)

Policy Number: _____

Name

Address

Colorado law requires that Auto Medical Payments Coverage be provided in an automobile liability or motor vehicle liability policy insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance, or use of a motor vehicle, provided that the named insured shall have the right to reject this coverage.

Medical Payments Coverage will *automatically* be provided at a limit of \$5,000 per person, unless you reject this coverage or select a higher limit option by checking the proper box below, signing and returning this form.

I reject Auto Medical Payments Coverage

I select Auto Medical Payments Coverage at one of the following limits:

\$5,000

\$10,000

I understand that the coverage election indicated above 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 premium, 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