



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**COLORADO**

*(To be completed and signed by Named Insured)*

Policy Number: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**UNINSURED MOTORISTS COVERAGE - BODILY INJURY**

Uninsured Motorists Coverage for bodily injury provides protection against bodily injury or death for which you are legally entitled to collect from an owner or driver of a motor vehicle which has no insurance, is a hit-and-run vehicle, whose insurer denies coverage or becomes insolvent or is an underinsured vehicle. An underinsured motor vehicle is a land motor vehicle, the ownership, maintenance, or use of which is insured or bonded for bodily injury or death at the time of the accident but the sum of all liability policies or bonds provides a limit that is less than the amount you are legally entitled to recover as damages caused by the accident. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy will automatically include Uninsured Motorists Coverage for bodily injury or death in the amount of the minimum Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident; or \$50,000 each accident Combined Single Limit (CSL). The Uninsured Motorists Coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the policy Bodily Injury Liability limits. You may choose higher limits up to your Bodily Injury Liability limits or you may reject this coverage entirely. (Specify below.) *If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different selection below.*

I hereby select Uninsured Motorists Coverage limits equal to my policy Bodily Injury Liability limits.

I hereby select Uninsured Motorists Coverage at limits greater than the minimum Financial Responsibility Limits, but less than my policy Bodily Injury Liability limits. (Specify)

- \$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 hereby reject Uninsured Motorists Coverage for bodily injury.

## UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

Uninsured Motorists Coverage for property damage provides protection to an insured who is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto arising out of the operation, maintenance, or use of an uninsured motor vehicle. Refer to your policy for the prevailing coverage provisions.

Uninsured Motorists Coverage for property damage is available for policies which include Uninsured Motorists Coverage for bodily injury, but do not include collision insurance. If you elect Uninsured Motorists Coverage for property damage, it will provide coverage in the amount of the actual cash value or the cost of repair or replacement of the covered auto, whichever is less, subject to a \$250 deductible.\* If this is a renewal policy, the Uninsured Motorists Coverage for property damage limits of your expiring policy will apply, if any, for the renewal policy unless you make a different election below.

Yes, I wish to purchase Uninsured Motorists Coverage for property damage.

No, I do not wish to purchase Uninsured Motorists Coverage for property damage.

\*IF YOU HAVE ELECTED TO PURCHASE A LARGE DEDUCTIBLE RATING PLAN, THE DEDUCTIBLE RATING PLAN AMOUNT SHOWN ON THE DEDUCTIBLE ENDORSEMENT IN YOUR POLICY SHALL APPLY AS YOUR UNINSURED MOTORISTS COVERAGE PROPERTY DAMAGE DEDUCTIBLE.

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