



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
INFORMED CONSENT FORM**

CONNECTICUT

(To be completed and signed by Named Insured)

Policy Number: _____

Name

Address

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage and standard Underinsured Motorists Coverage provide protection against damages for bodily injury which an insured is legally entitled to recover from the owner or driver of an uninsured or underinsured motor vehicle.

An uninsured motor vehicle is a vehicle which has no insurance coverage, is a hit-and-run vehicle, whose insurer denies coverage or is, or becomes insolvent, or is an underinsured motor vehicle. An underinsured motor vehicle is a vehicle for which the sum of all applicable liability insurance policies at the time of the accident are less than your Uninsured Motorists Coverage limits. The protection available under the standard Uninsured Motorists Coverage is generally reduced by amounts paid under workers' compensation coverage or by amounts paid by, or on behalf of, the at fault party or any third party. Refer to your policy for the prevailing coverage provisions.

Connecticut law requires that we offer Underinsured Motorists Conversion Coverage in lieu of standard Underinsured Motorists Coverage. Underinsured Motorists Conversion Coverage provides protection against damage for bodily injury the insured is legally entitled to recover from an owner or operator of an underinsured motor vehicle. For purposes of Underinsured Motorists Conversion Coverage an underinsured motor vehicle is a vehicle for which the sum of all payments received by or on behalf of the insured, or from or on behalf of the person at fault, are less than the fair, just and reasonable damages of the insured. Underinsured Motorists Conversion Coverage shall not be reduced in any event by any payment by, or on behalf of, the person at fault or by any third party.

Both standard Underinsured Motorists and Underinsured Motorists Conversion Coverage only become available after the liability insurance of the at fault person has been fully paid.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of lives' activities. Normally, these damages would be paid by the insurance company of the person at fault. Uninsured Motorists Coverage and Underinsured Motorists Coverage protects you, (and if you are an individual, your family) and others in the vehicle for injuries caused by the person at fault who did not buy insurance, or does not have enough insurance.

Connecticut Law requires that the limits of liability for Uninsured Motorists Coverage and Underinsured (either standard or Conversion) Motorists Coverage equal the limits of liability you purchase for policy Bodily Injury Liability Limits unless you select lower or higher limits as indicated below.

We are required to offer you the option to purchase limits equal to twice your policy Bodily Injury Liability Limits.

You may select lower limits for this coverage but you may not select lower than the Minimum Financial Responsibility requirements as indicated below.

For the rates applicable to Uninsured Motorists Coverage with standard Underinsured Motorists Coverage and Uninsured Motorists Coverage with Underinsured Motorists Conversion Coverage, see Appendix A.

If you do not check a box below, your policy will be issued with Uninsured Motorists Coverage with limits equal to your policy Bodily Injury Liability Limits and standard Underinsured Motorists Coverage (not Underinsured Motorists Conversion Coverage) with limits equal to your policy Bodily Injury Liability Limits.

If you check more than one box, your policy will be issued with the highest level of coverage selected.

SELECT ONE OPTION UNDER EITHER UNINSURED MOTORISTS COVERAGE WITH STANDARD UNDERINSURED MOTORISTS COVERAGE OR UNINSURED MOTORISTS COVERAGE WITH UNDERINSURED MOTORISTS CONVERSION COVERAGE.

DO NOT CHECK MORE THAN ONE BOX BELOW.

A. Uninsured Motorists Coverage with standard Underinsured Motorists Coverage

- I wish to select twice the Bodily Injury Liability Limits
- I wish to select Minimum Financial Responsibility Limits of \$20,000 each person/ \$40,000 each accident, or \$40,000 each accident Combined Single Limits (CSL). The Uninsured Motorists Coverage with standard 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 other 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)
 - \$350,000 each accident (CSL)
 - \$500,000 each accident (CSL)
 - \$700,000 each accident (CSL)
 - \$1,000,000 each accident (CSL)
 - _____

B. Uninsured Motorists Coverage with Underinsured Motorists Conversion Coverage

- I wish to select my policy Bodily Injury Liability Limits
- I wish to select twice the Bodily Injury Liability Limits
- I wish to select Minimum Financial Responsibility Limits of \$20,000 each person/ \$40,000 each accident, or \$40,000 each accident Combined Single Limits (CSL). The Uninsured Motorists Coverage Underinsured Motorists Conversion 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 other than the policy Bodily Injury Liability limits, but not less than the minimum Financial Responsibility Limits. (Specify limit.)
 - \$50,000 each accident (CSL)
 - \$100,000 each accident (CSL)
 - \$350,000 each accident (CSL)
 - \$500,000 each accident (CSL)
 - \$700,000 each accident (CSL)
 - \$1,000,000 each accident (CSL)
 - _____

The Corresponding rates for the limits listed above are set forth in Appendix A. These rates are subject to change annually. Rates for any limits not set forth in Appendix A. which are available under the law will be developed and provided upon request.

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.

When you select limits less than policy Bodily Injury Liability Limits, please note:

WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY*. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISER.

*** Note: This applies to you only if you are an individual.**

Signature of Named Insured

Date