



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**GEORGIA**

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address  
\_\_\_\_\_

**IMPORTANT NOTICE  
GEORGIA UNINSURED MOTORISTS COVERAGE**

**PLEASE READ THIS NOTICE CAREFULLY.**

If you have chosen to accept Uninsured Motorists Coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists Coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you.

Our records show that your policy contains Uninsured Motorists (UM) Coverage. Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy for information on the coverage you are provided.

Georgia law, in general, requires that automobile liability policies include Uninsured Motorists Coverage Added On To At-Fault Liability limits (Added-On) unless you reject this coverage in writing. Uninsured Motorists Added-On Coverage provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limit of liability under any applicable bonds or policies.

However, for a reduced premium, you may reject Uninsured Motorists Added-On Coverage and select Uninsured Motorists Coverage - Reduced By At-Fault Liability Limits (Reduced by Limits). Uninsured Motorists Reduced by Limits Coverage provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

**Your signature below, as applicable to this Important Notice, is required only at the inception of your new policy with the Company.**

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

# SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

## GEORGIA

(To be completed and signed by Named Insured)

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

### UNINSURED MOTORISTS (ADDED-ON) COVERAGE

Uninsured Motorists Coverage provides protection against damages for bodily injury or property damage which the insured is legally entitled to recover from the owner or driver of a motor vehicle which: has no insurance coverage; is a hit and run vehicle; whose insurer is or becomes insolvent; or which is an underinsured motor vehicle. An underinsured motor vehicle is a vehicle whose limits of liability are less than the sum of the limits of your Uninsured Motorists Coverage and the limits of any other Uninsured Motorists Coverage applicable to the insured. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Georgia, your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Added-On Coverage equal to the Bodily Injury and Property Damage Liability Limits of your policy. You may, however, elect lower limits of Uninsured Motorists Added-On Coverage, but not less than the minimum Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident bodily injury and \$25,000 each accident property damage; or \$75,000 each accident Combined Single Limits (CSL). You also have the option to reject Uninsured Motorists Added-On Coverage entirely as indicated below.

Please indicate your Uninsured Motorists Added-On Coverage selection, or rejection, as follows:

I wish to select the Uninsured Motorists Added-On Coverage at Minimum Financial Responsibility Limits. The Uninsured Motorists Added-On 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 less than the policy Bodily Injury and Property Damage Liability limits (Specify limit.)

\$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 wish to select limits equal to the policy Bodily Injury and Property Damage Liability limits.

I reject Uninsured Motorists Added-On Coverage.

## UNINSURED MOTORISTS (REDUCED BY LIMITS) COVERAGE

Uninsured Motorists Coverage provides protection against damages for bodily injury or property damage which the insured is legally entitled to recover from the owner or driver of a motor vehicle which: has no insurance coverage; is a hit and run vehicle; whose insurer is or becomes insolvent; or which is an underinsured motor vehicle. An underinsured motor vehicle is a vehicle whose limits of liability are less than the sum of the limits of your Uninsured Motorists Coverage and the limits of any other Uninsured Motorists Coverage applicable to the insured. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Georgia, IF YOU HAVE REJECTED Uninsured Motorists Added-On Coverage your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Reduced By Limits Coverage equal to the Bodily Injury and Property Damage Liability Limits of your policy. You may, however, elect lower limits of Uninsured Motorists Reduced By Limits Coverage, but not less than the Minimum Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident bodily injury and \$25,000 each accident property damage; or \$75,000 each accident Combined Single Limits (CSL). You also have the option to reject Uninsured Motorists Reduced By Limits Coverage entirely as indicated below.

Please indicate your Uninsured Motorists Reduced by Limits Coverage selection, or rejection, as follows:

- I wish to select the Uninsured Motorists Reduced By Limits Coverage at Minimum Financial Responsibility limits. The Uninsured Motorists Reduced By Limits 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 less than the policy Bodily Injury and Property Damage Liability limits (Specify limit.)
- \$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 wish to select limits equal to the policy Bodily Injury and Property Damage Liability limits.
- I reject Uninsured Motorists Reduced By Limits Coverage.

You may select Uninsured Motorists Added-On Coverage or Uninsured Motorists Reduced By Limits Coverage with or without a deductible. Please indicate your choice below:

- |  |  |
|--|--|
| <input type="checkbox"/> No deductible.                                      |  |
| <input type="checkbox"/> \$500 deductible each accident OR if Split Limits   | \$250 bodily injury each accident<br>\$250 property damage each accident     |
| <input type="checkbox"/> \$1,000 deductible each accident OR if Split Limits | \$500 bodily injury each accident<br>\$500 property damage each accident     |
| <input type="checkbox"/> \$2,000 deductible each accident OR if Split Limits | \$1,000 bodily injury each accident<br>\$1,000 property damage each accident |
| <input type="checkbox"/> _____   | _____  |

**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 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