



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

INDIANA

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death and for injury to or destruction of property. An uninsured motor vehicle means a motor vehicle that has no liability insurance, has insurance that is not in compliance with applicable financial responsibility requirements or whose insurer is insolvent. Refer to your policy for prevailing coverage provisions.

Underinsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness or disease, including death. An underinsured motor vehicle means a motor vehicle for which the available limits of bodily injury liability coverage are less than your policy's limits of Underinsured Motorists Coverage at the time of the accident, but does include an uninsured motor vehicle. Refer to your policy for prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage for bodily injury ("**UMBI**") and Uninsured Motorists Coverage for property damage ("**UMPD**") in limits equal to your policy's liability limits and Underinsured Motorists Coverage for bodily injury ("**UIM**") in limits equal to your policy's liability limits, unless you make a rejection or selection of other limits below. The automatic Uninsured Motorists Coverage and Underinsured Motorists Coverage limits will be either split (each person/each accident and each accident for UMPD) or a single limit (each accident), consistent with the liability limits on your policy.

[If this is a renewal policy, the limits and options elected for the UMBI, UMPD and UIM of your expiring policy will apply for the renewal policy unless you make a different election below.]

Please indicate your desired Uninsured Motorists Coverage (UMBI and UMPD) below:

1. I reject both UMBI and UMPD.

2. I reject UMPD and select UMBI at the following limits:

Minimum Financial Responsibility limits of \$25,000 each person/\$50,000 each accident, or \$50,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

Other limits which are not less than the minimum limits nor greater than the policy's bodily injury liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

3. I select UMBI and UMPD at the following limits:

Minimum Financial Responsibility limits of UMBI at \$25,000 each person/\$50,000 each accident and UMPD at \$10,000 per accident, or UMBI and UMPD at \$60,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident/each accident) or a single limit (each accident), consistent with the liability limits on your policy.

Other limits which are not less than the Minimum Financial Responsibility Limits nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

4. UMPD will not be subject to a \$300 deductible unless you elect it below. *[However, if this is a renewal policy, the deductible option elected for UMPD for your expiring policy will apply for the renewal policy unless you make a different election below.]*

I select UMPD subject to a \$300 deductible.

[I no longer want my UMPD to be subject to a \$300 deductible.]

Please indicate your desired Underinsured Motorists Coverage (UIM) option below:

1. I reject UIM.

2. I select UIM at limits of \$50,000 each person/\$50,000 each accident or \$50,000 each accident. The Underinsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

3. I select UIM at limits which are not less than \$50,000 each person/\$50,000 each accident or \$50,000 each accident, nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ _____

I understand that the 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 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