



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**KANSAS**

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**UNINSURED MOTORISTS COVERAGE**

Uninsured Motorists Coverage provides protection against damages for bodily injury which the insured may be legally entitled to recover from an owner or driver who has no insurance coverage, is a hit and run driver or whose insurer is or becomes insolvent. This coverage includes Underinsured Motorists Coverage for protection against damages for bodily injury which you may be legally entitled to recover from the owner of an insured motor vehicle whose limits of liability are not less than the amount required by law but less than your Uninsured Motorists Coverage limits. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Kansas, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured Motorists Coverage, at the same limits as the policy bodily injury liability limits, unless you reject such coverage at the same limits as the policy bodily injury liability limits by selecting different limits as indicated below. You cannot select limits lower than the minimum Financial Responsibility Limits required by law.

- I wish to select minimum Financial Responsibility Limits of \$25,000 each person and \$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 Bodily Injury Liability Limits on your policy.
- I wish to select limits greater than the minimum Financial Responsibility Limits, but less than the policy Bodily Injury Liability Limits. (Specify limit)
  - \$60,000 each accident (CSL)
  - \$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 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