



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**  
**MARYLAND**

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**UNINSURED MOTORISTS COVERAGE**

Uninsured Motorists Coverage provides protection against damages the insured is legally entitled to recover from the owner or driver of an uninsured motor vehicle. An uninsured motor vehicle is a vehicle: (1) for which there is no liability policy or other security providing at least the amounts required by law; (2) for which the sum of the limits of liability under all applicable policies and securities (a) is less than your Uninsured Motorists Coverage limits, or (b) has been reduced by payment to other persons injured in the same accident to an amount less than your Uninsured Motorists Coverage limits; (3) for which the insurer denies coverage or is insolvent; or (4) that is a hit and run vehicle. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Maryland, your commercial automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage at the Financial Responsibility Limits of \$55,000 bodily injury and property damage combined single limit (CSL); or \$20,000 each person/ \$40,000 each accident for bodily injury and \$15,000 each accident for property damage unless you select higher Uninsured Motorists Coverage limits, but not to exceed your policy's liability limits. (Property Damage Coverage is subject to a \$250 deductible.)

If you wish to select higher Uninsured Motorists Coverage limits, please indicate below:

- I wish to select limits equal to my policy's liability limits.
- I wish to select limits lower than my policy's liability limits, but greater than the Minimum Financial Responsibility Limits (Specify limits):
  - \$ 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)
  - \$ \_\_\_\_\_ (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 \_\_\_\_\_