



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**MAINE**

*(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 is legally entitled to recover from the owner or driver of a motor vehicle which: has no insurance; is a hit and run vehicle; whose insurer denies coverage or is or becomes insolvent; or which is an underinsured motor vehicle. An underinsured motor vehicle is a vehicle for which the amount of coverage available for payment is not less than the Minimum Financial Responsibility Limits required by applicable law but less than your Uninsured Motorists Coverage limits. Refer to your policy for the prevailing coverage conditions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage at the same limits as the Minimum Financial Responsibility Limits of \$50,000 each person/ \$100,000 each accident, or \$100,000 Combined Single Limit (CSL) each accident unless you select higher limits up to the policy Bodily Injury Liability Limits. The Uninsured Motorists Coverage limits will be either split (each person/ each accident) or combined single limit (CSL), consistent with the Bodily Injury Liability Limits on your policy. You cannot reject Uninsured Motorists Coverage but you may select higher limits as indicated below:

I wish to select Uninsured Motorists Coverage in limits equal to the policy Bodily Injury Liability limits.

I wish to select other limits greater than the Minimum Financial Responsibility Limits, but not to exceed the policy Bodily Injury Liability Limits. (Specify limit.)

\$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