



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

MINNESOTA

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES

Uninsured and Underinsured Motorists Coverage provides coverage for damages for bodily injury which an insured is legally entitled to recover from the owner or driver of an uninsured or underinsured motor vehicle.

An uninsured motor vehicle is a vehicle for which there is no bond or policy providing at least the minimum bodily injury liability limits specified by the Minnesota No-Fault Automobile Insurance Act, or for which the insurer denies coverage or is or becomes insolvent, or that is a hit and run vehicle. An underinsured motor vehicle is a vehicle to which a bodily injury liability bond or policy applies at the time of the accident in limits equal to or greater than the minimum limits specified by the Minnesota No-Fault Automobile Insurance Act, but its limit for bodily injury liability is not enough to pay the full amount of the insured's damages caused by the accident. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Minnesota, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured Motorists Coverages at the minimum required limits of \$25,000 each person/ \$50,000 each accident or \$50,000 each accident unless you select optional higher limits up to Bodily Injury Liability policy limits. The Uninsured and Underinsured 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.

UNINSURED MOTORISTS COVERAGE

- I wish to select Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability policy limits.
- I wish to select Uninsured Motorists Coverage at limits greater than the minimum required limits, but less than the Bodily Injury Liability policy 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)

UNDERINSURED MOTORISTS COVERAGE

- I wish to select Underinsured Motorists Coverage at limits equal to the Bodily Injury Liability policy limits.
- I wish to select Underinsured Motorists Coverage at limits greater than the minimum required limits, but less than the Bodily Injury Liability policy 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