



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**MONTANA**

*(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 that 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 no liability bond or policy provides at least the amounts required by applicable law; (2) for which an insurer denies coverage or is or becomes insolvent; (3) that is a hit-and-run vehicle; or (4) that is an underinsured motor vehicle. An underinsured motor vehicle is one for which a liability bond or policy applies but the amount paid to the insured is not enough to pay the full amount the insured is legally entitled to recover as damages. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage in the Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident; or \$50,000 each accident, unless you reject said coverage or select higher limits, not to exceed your policy Bodily Injury Liability limits, by completing and signing below. The limits of Uninsured Motorists Coverage will be either split (each person/ each accident) or combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.

- I reject Uninsured Motorists Coverage.
- I select limits of Uninsured Motorists Coverage equal to the policy Bodily Injury Liability limits.
- I select other limits of Uninsured Motorists Coverage which are greater than the Financial Responsibility Limits, but do not exceed the policy Bodily Injury Liability limits. (Specify)
  - \$ 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 \_\_\_\_\_