



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

NEBRASKA

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists coverage provides protection against damages for bodily injury which an insured is legally entitled to recover from the owner or driver of a motor vehicle for which there is no insurance, is a hit-and-run vehicle, or whose insurer becomes insolvent or denies coverage. Refer to your policy for the prevailing coverage provisions.

Underinsured Motorists coverage provides protection against damages for bodily injury which an insured is legally entitled to recover from the owner or driver of a motor vehicle for which there is insurance, but the amount of that insurance is, or has been reduced by payments to persons, other than an insured, injured in the accident to, less than the damages for bodily injury sustained by the insured. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Nebraska, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured Motorists coverage in the minimum amount of \$25,000 each person/ \$50,000 each accident; or \$50,000 each accident Combined Single Limit (CSL). You may select higher limits up to your policy Bodily Injury Liability limits, by completing and signing below. The limits of Uninsured and Underinsured 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 wish to purchase Uninsured and Underinsured Motorists coverage at other limits greater than the minimum limits, but not more than 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 wish to select limits equal to the policy Bodily Injury Liability limits.

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