



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

NEVADA

(To be completed and signed by Named Insured)

Policy Number: _____

Name

Address

AUTO MEDICAL PAYMENTS COVERAGE

Medical Payments coverage provides protection for reasonable and necessary medical expenses and funeral services resulting from accidental bodily injury while occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

In accordance with the laws of Nevada, you must be offered the option to purchase Medical Payments coverage in an amount of at least \$1,000. Medical Payments coverage may be obtained by making a selection below. *If this is a **renewal** policy*, any Medical Payments coverage limits in your expiring policy will apply to the renewal policy unless you make a different selection below.

Medical Payments coverage is selected at the following limit: \$ _____

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