



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

NEVADA

(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 for which there is no bodily injury liability bond or policy providing at least the minimum financial responsibility required by applicable law, for which the insurer denies coverage or is or becomes insolvent, or that is a hit and run vehicle. Uninsured Motorists Coverage includes Underinsured Motorists Coverage, which provides protection where the amount paid under a motor vehicle's applicable liability limits is not enough to pay the full amount of the insured's damages. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Nevada, your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability policy limits, unless you reject the coverage or select lower limits, but not less than the Minimum Financial Responsibility Limits as indicated below. If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different selection below.

Please make a selection below if you wish to reject the coverage, select lower limits, or you desire a different selection for your renewal policy:

- I wish to reject Uninsured Motorists Coverage.
I wish to select Financial Responsibility Limits of \$15,000 each person/\$30,000 each accident; or \$30,000 each accident Combined Single Limit (CSL).
I wish to select limits equal to the Bodily Injury Liability policy limits.
I wish to select limits lower than the Bodily Injury Liability policy limits, but greater than the Minimum Financial Responsibility Limits. (Specify limits)
\$ 50,000 each accident (CSL).
\$ 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