



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**PENNSYLVANIA**

*(To be completed and signed by First Named Insured)*

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**IMPORTANT NOTICE**

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary Medical Benefits Coverage, up to at least \$1,000,000. This will be in addition to the First Party, Added First Party or Combined First Party Medical Benefits Coverage.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500.
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**BASIC FIRST PARTY MEDICAL BENEFIT COVERAGE**

The following benefit and coverage amount is provided:

Medical Benefit \$5,000

**INCREASED FIRST PARTY MEDICAL BENEFIT COVERAGE**

I wish to increase my First Party Medical Benefit as indicated below. I realize that the limit I have selected below includes the limit provided in the Basic First Party Medical Benefit and is not in addition to the above stated Basic First Party Medical Benefit Limit.

Increased Medical Benefit Amount

\$10,000       \$25,000       \$50,000       \$100,000

**OPTIONAL FIRST PARTY BENEFIT COVERAGES**

I wish to purchase the Optional First Party Benefit Coverages as indicated below.

Income Loss Benefit

Monthly/ Total	Accidental Death Benefit	Funeral Benefit
<input type="checkbox"/> \$1,000/ 5,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$1,000/ 15,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$1,500/ 25,000	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> \$2,500/ 50,000		

**COMBINED FIRST PARTY BENEFIT OPTION**

As an alternative to the benefit options listed above, I wish to purchase the Combined First Party Benefit in the total limit as indicated below.

\$50,000       \$100,000       \$177,500       \$277,500

**EXTRAORDINARY MEDICAL BENEFITS COVERAGE**

I wish to increase my medical expense benefits as indicated below. I realize that the limit will be in addition to the Basic First Party Medical Benefit or the Increased First Party Medical Benefit Coverage. The Extraordinary Medical Benefits Coverage does not apply to the first \$100,000 of medical expense incurred by any insured.

Extraordinary Medical Benefits Amount

\$100,000       \$300,000       \$500,000       \$1,000,000

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

## UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/ REJECTION

Pennsylvania law permits you to make certain decisions regarding Uninsured and Underinsured Motorist Coverage. This Supplementary Commercial Automobile Application describes these coverages and the options available. This application includes general descriptions of coverage, however, no coverage is provided by this Supplementary Commercial Automobile Application. You should review your policy for complete information regarding the terms, conditions and coverages provided.

You should read this application carefully and understand the various limits and options available to you, and then indicate your decisions on this application as indicated below. The coverage rejections or selections indicated by you on this application will apply on the policy or policies in effect at the time this application is executed, and will apply to all future renewal policies until you notify the Company IN WRITING of any changes.

Uninsured Motorist Coverage provides insurance protection to an insured for compensatory damages for bodily injury that the insured is legally entitled to recover from the owner or driver of a motor vehicle with no liability insurance, or which is a hit-and-run vehicle for which the owner or driver cannot be identified.

Underinsured Motorist Coverage provides insurance protection to an insured for compensatory damages for bodily injury that the insured is legally entitled to recover from the owner or driver of an insured motor vehicle, but the sum of all liability insurance limits do not provide at least the amount of those damages.

### **Rejection of Coverage or Selection of Lower Limits**

You may reject Uninsured or Underinsured Motorist Coverage, or you may purchase Uninsured or Underinsured Motorist Coverage with limits equal to your bodily injury liability limits or select lower limits, but not less than the minimum limits required by statute (\$15,000 each person/ \$30,000 each accident; or \$35,000 each accident, combined single limit (CSL)).

**NOTE:** Your automobile liability or motor vehicle liability policy will automatically include Uninsured and Underinsured Motorist Coverage at the same limits as the policy Bodily Injury Liability Limits unless you reject the coverages or select lower limits on this application.

### **Waiver of Stacked Coverage Limits (Individual Named Insureds Only)**

When more than one vehicle is insured under one or more policies providing Uninsured or Underinsured Motorists Coverage, the stated limit for Uninsured or Underinsured Motorists Coverage shall apply separately to each vehicle so insured. The limits of coverage available for an individual Named Insured or any family member shall be the sum of the limits for each motor vehicle as to which the injured person is an insured.

You may waive coverage providing stacking of Uninsured or Underinsured Motorists Coverage in which case the limits of coverage available under the policy for any insured shall be the stated limits for the motor vehicle as to which the injured person is an insured. If you choose to waive stacking of Uninsured or Underinsured Motorists Coverage, you must sign the written rejection forms in this application.

**NOTE:** Your policy will provide for stacking of Uninsured and Underinsured Motorists Coverage for an individual Named Insured or any family member unless you waive stacking of the coverage by signing the rejection form below.

## UNINSURED MOTORISTS COVERAGE

### REJECTION OF UNINSURED MOTORISTS PROTECTION

By signing this waiver I am rejecting Uninsured Motorists Coverage under this policy, for myself and all relatives residing in my household. Uninsured Motorists Coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages.

I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

### SELECTION OF LOWER LIMITS OF UNINSURED MOTORISTS COVERAGE

Please make selection below only if you wish to select Uninsured Motorists Coverage at limits lower than your policy Bodily Injury Liability Limits.

- Uninsured Motorists Coverage at the minimum limits. The Uninsured 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.
- Other limits greater than the minimum limits, but less than your policy Bodily Injury Liability 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)
  - \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**STACKING WAIVER  
UNINSURED COVERAGE LIMITS  
(Individual Named Insured Only)**

By signing this waiver, I am rejecting stacked limits of Uninsured Motorists Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy.

I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

## UNDERINSURED MOTORISTS COVERAGE

### REJECTION OF UNDERINSURED MOTORISTS PROTECTION

By signing this waiver I am rejecting Underinsured Motorists Coverage under this policy, for myself and all relatives residing in my household. Underinsured Motorists Coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for losses and damages.

I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

### SELECTION OF LOWER LIMITS OF UNDERINSURED MOTORISTS COVERAGE

Please make selection below only if you wish to select Underinsured Motorists Coverage at limits lower than your policy Bodily Injury Liability Limits.

- Underinsured Motorists Coverage at the minimum limits. The 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.
- Other limits greater than the minimum limits, but less than your policy Bodily Injury Liability 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)
  - \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**STACKING WAIVER  
UNDERINSURED COVERAGE LIMITS  
(Individual Named Insureds Only)**

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Signature of First Named Insured

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Date