



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

RHODE ISLAND

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

AUTO MEDICAL PAYMENTS COVERAGE

Rhode Island law requires that Medical Payments Coverage be provided in a policy insuring against loss resulting from liability imposed by law or for injuries caused by a motor vehicle collision or for injuries arising out of the ownership, maintenance, or use of a motor vehicle, provided that the named insured shall have the right to reject this coverage. Medical Payments Coverage will *automatically* be provided at a limit of \$2,500 per person, unless you reject this coverage by checking the proper box below, and return this form.

*If this policy is a **renewal**, your policy will automatically reflect the rejection or coverage limits of your expiring policy, unless you change your election. You may change your Medical Payments Coverage election by checking the proper box and signing below.*

I reject Medical Payments Coverage

I select Medical Payments Coverage

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