



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
MEDICAL PAYMENTS COVERAGE**

WISCONSIN

(To be completed and signed by Named Insured)

Policy Number: _____

Name

Address

MEDICAL PAYMENTS COVERAGE

Wisconsin law requires that every motor vehicle policy shall automatically include Medical Payments Coverage in the amount of at least \$10,000 per person. Medical Payments Coverage provides indemnification for medical or chiropractic payments for the protection of all persons using an insured motor vehicle from losses resulting from bodily injury or death. Medical Payments Coverage provides coverage excess of any other insurance that the insured has a legal right to recover.

Your motor vehicle policy will automatically be issued with Medical Payments Coverage of at least \$10,000 per person unless you reject the coverage as indicated below:

I reject Medical Payments Coverage.

Subject to a maximum of three (3) covered autos under your policy, your Medical Payments Coverage automatically includes stacking, unless you reject Medical Payments Coverage. Stacking allows you to add together your Medical Payments Coverage limits for each covered auto under your policy in any one accident. Stacking allowed for Medical Payments Coverage under your policy subject to the maximum of three (3) covered autos will only apply if you are injured while you are not occupying a covered auto under your policy.

I understand that the coverage selection or rejection indicated above 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

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/ o Law Department, 385 Washington St., St. Paul, MN 55102.