



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

WYOMING

(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: (1) which has no insurance, (2) which is a hit-and-run vehicle, (3) whose insurer is or becomes insolvent, or (4) is an underinsured motor vehicle - which is one for which the applicable limits of liability are at least in the amounts required by applicable law but are less than your Uninsured Motorists Coverage limits. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage in the Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident; or \$50,000 each accident Combined Single Limit (CSL), unless you reject said coverage or select higher limits not to exceed your policy Bodily Injury Liability limits, by completing and signing below. The limits of Uninsured Motorists Coverage will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.

- I wish to reject Uninsured Motorists Coverage.
- I wish to select Uninsured Motorists Coverage in limits equal to the policy Bodily Injury Liability limits.
- I wish to select Uninsured Motorists Coverage limits which are lower than the policy Bodily Injury Liability limits, but greater than the minimum Financial Responsibility Limits. (Specify)
 - \$ 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