

COMMERCIAL AUTOMOBILE APPLICATION SUPPLEMENT

WASHINGTON

(To be completed and signed by the Applicant)

Name _____

FOR A MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

UNINSURED/UNDERINSURED MOTORISTS - BODILY INJURY AND PROPERTY DAMAGE

Uninsured/Underinsured Motorists - Bodily Injury (UM/UIM-BI) insurance provides protection for damages as a result of bodily injuries caused by a negligent motorist who does not have enough liability insurance to pay for the injuries caused or has no insurance at all.

Uninsured/Underinsured Motorists - Property Damage (UM/UIM-PD) insurance provides protection for damage to your auto caused by a negligent motorist who has no insurance or not enough insurance.

Uninsured/Underinsured Motorists - Property Damage coverage is subject to a maximum deductible of \$300 if the accident is caused by a hit-and-run or phantom vehicle. In all other types of accidents, a \$100 deductible is applied instead.

You have the right to Uninsured/Underinsured Motorists - Bodily Injury (UM/UIM-BI) and Uninsured/Underinsured Motorists - Property Damage (UM/UIM-PD) coverage with a limit equal to your limit of liability, select a lower limit (but not lower than \$60,000), or reject the coverage completely. Please indicate your choice by completing one of the options listed below.

OPTION 1 - I want to select Uninsured/Underinsured Motorists coverage for Bodily Injury and Property Damage on a combined basis.

- I want to select the combined coverage at the limit equal to my policy's limit for bodily injury and property damage liability.
- I want to select the combined coverage at a limit lower than my policy's limit for bodily injury and property damage liability (but not lower than \$60,000 as required by law). I understand I am rejecting the increased limits. I want the combined coverage at a limit of \$ _____ .

OPTION 2 - I want to select Uninsured/Underinsured Motorists - Bodily Injury coverage only. I understand that I will have no Uninsured/Underinsured Motorists - Property Damage coverage.

- I want to select Uninsured/Underinsured Motorists - Bodily Injury coverage at the limit equal to my policy's limit for bodily injury liability.
- I want to select Uninsured/Underinsured Motorists - Bodily Injury coverage at a limit lower than my policy's limit for bodily injury liability (but not less than \$50,000 as required by law). I understand I am rejecting the increased limits. I want the coverage at a limit of \$ _____ .

OPTION 3

- I want to **REJECT** Uninsured/Underinsured Motorists - Bodily Injury and Property Damage coverage completely. I understand that by selecting this option, I have **NO PROTECTION** against injuries and damages caused by an uninsured/underinsured motorist.

PERSONAL INJURY PROTECTION

THIS COVERAGE IS ONLY AVAILABLE FOR INDIVIDUAL NAMED INSUREDS ONLY.

Personal Injury Protection (PIP) insurance provides benefits for certain expenses incurred as a result of an accident without regard to fault. Benefits provided include medical expense coverage, funeral expense coverage, loss of income coverage, and loss of services coverage. You have the right to reject Personal Injury Protection (PIP) coverage. If you do not reject Personal Injury Protection (PIP) or select one of the coverage options, your policy will include basic Personal Injury Protection (PIP) coverage. Please initial your choice of options below.

I want Personal Injury Protection coverage with the **basic** benefits:

| Benefits | Limit Per Person |
|-------------------------------|---|
| Medical and Hospital Expenses | \$ 10,000 |
| Funeral Expenses | \$ 2,000 |
| Work Loss | \$ 10,000 subject to a maximum of \$200 per week |
| Essential Services | \$ 5,000 subject to \$40 per day not to exceed \$200 per week |

I want Personal Injury Protection coverage with **increased limits** benefits

| Benefits | Limit Per Person |
|-------------------------------|---|
| Medical and Hospital Expenses | \$ 35,000 |
| Funeral Expenses | \$ 2,000 |
| Work Loss | \$ 35,000 subject to a maximum of \$700 per week |
| Essential Services | \$ 40 per day for up to one year from the date of the automobile accident |

I want to **REJECT** Personal Injury Protection coverage.

I understand I have the right to purchase Uninsured/Underinsured Motorists - Bodily Injury coverage with limits equal to my policy's limit of liability and may also purchase Uninsured/Underinsured Motorists - Property Damage coverage. I also understand I have the right to reject Personal Injury Protection coverage in response to these offers. I have indicated my selection of limits above.

I have read this offer form carefully. I understand that I have the right to purchase Uninsured/Underinsured Motorists - Bodily Injury coverage with limits higher than \$50,000 per accident. I may also purchase Uninsured/Underinsured Motorists - Property Damage coverage. In response to this offer, I have indicated my selection of limits above.

I understand that my coverage selection or rejection shall apply on such policy as may be issued by the insurance company pending approval of my application, and all future renewals, until I notify _____ Insurance Company **IN WRITING** of any changes.

Signature of Applicant

Date

Signature of Applicant's Agent

Date