



**Public Auto Supplemental Application
All Other Risks—Complete in addition to the Commercial Automobile Application**

(Day Care Centers, Athletes, Entertainers, Casinos, Churches,
Hotels, Schools, Taxis, Van Pools or Not Otherwise Classified)

1. **Applicant's Name:** _____

2. **Indicate type of operations.** If more than one, show percentage of total:
 - Chartered for special trips, tours, picnics, outings and similar uses..... _____%
 - Accepts individual passengers for a fare for sightseeing or guided tours _____%
 - Picks up and transports passengers on a fixed route..... _____%
 - All Other _____%
 - Athletes Casinos Churches Day Care Centers Entertainers
 - Hotels Schools Taxis Van Pools Not Otherwise Classified

3. **Description of operations:** _____

4. **Operation is:**..... Profit or Not-For-Profit.
 Name of non-profit organization: _____

5. **Are autos totally or partially funded by a governmental entity?** Yes No
 If yes, identify: _____

6. **Scheduled trips:**..... _____% **Unscheduled trips:** _____%

7. **Is any transportation provided to the following destinations?** Yes No
 If yes, indicate percentage of all applicable and advise of any other destination:
 Shopping Districts _____% Workplaces _____% Senior Centers _____% Schools _____%
 Daycare Centers _____% Psychiatric Centers _____% Heliport or Airport _____% Other _____%
 Description of other destinations: _____

8. **Percentage of vehicles registered as: Taxis**..... _____% **Limousines** _____%

9. **Are vehicles metered?** Yes No

10. **What percentage are medallioned taxis?**..... _____%
 Which airport do they service? _____

11. List all states where the applicant is required to file proof of liability insurance. Include docket numbers:

Limit of liability required by each state and/or Federal Highway Administration: \$ _____

Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____

Has any applicant ever had their authority suspended or revoked? Yes No

If yes, explain: _____

Are others allowed to operate under your authority? Yes No

12. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)?..... Yes No

13. Are autos used to transport any railroad workers?..... Yes No

14. Are volunteer drivers used?..... Yes No

15. Is there any personal use of autos? Yes No

16. Criteria for hiring drivers: Minimum Age: _____ **Years of Public Transport Experience** _____

Describe MVR Standards: _____

17. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No

18. Mark the boxes that apply to the special driver training programs available for your drivers:

- General Driver Orientation Primary First Aid CPR
- Human Relations Skills Emergency Vehicle Evacuation Defensive Driving
- Advanced First Aid Passenger Assistance Training Non-Medical Emergency Training
- Other—Describe: _____

19. If a van pool, provide a copy of the contract.

Are drivers employees of the van pool? Yes No

If yes, list company name: _____

20. Does the applicant ever lease, rent or borrow vehicles from others?..... Yes No

If yes, indicate the number of vehicles and complete the Hired & Nonowned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

21. Does the applicant ever lease, rent or loan vehicles to others? Yes No

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

22. Is any service provided on a for hire basis?..... Yes No

Call and demand? Yes No

23. Number of vehicles equipped for wheelchair transport: _____

24. Do any autos have special modifications or wheelchair lifts?..... Yes No

If yes, please explain: _____

25. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 Point Tie-Down _____ 4 Point Tie-Down _____

26. Describe wheelchair tie-down procedures: _____

27. Is scooter transport (electric scooters or mobility scooters) provided? Yes No

If yes, how are passengers secured? _____

If yes, how are scooters secured within the vehicle? _____

28. Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers? Yes No

29. Is the use of safety restraints required for all passengers? Yes No

30. Are passengers assisted in or out of the autos? Yes No

If yes, provide percentage of: Curb to Curb _____% Door to Door _____% Door Through Door _____%

31. Do you transport passengers with special needs or where special security or handling is needed? Yes No

If yes, describe: _____

32. Are all autos equipped with factory original seats? Yes No

If no, describe passenger seating type: _____

33. Are all vehicles owned by you? Yes No

If no, advise relationship of autos' ownership to the applicant: _____

Are they leased, etc.? Yes No

Give details: _____

34. What are the hours of operation? _____

35. Is operation seasonal?..... Yes No

If yes, please explain: _____

36. What is the average age of the passengers being transported? _____

37. Do you pick-up and drop off children at their homes? Yes No

38. Are autos equipped with flashing lights and automatic stop signs? Yes No

If school buses, are they operated by public entity or independently contracted? _____

39. Is alcohol available in your vehicle? Yes No

40. Are autos used to transport professional athletes or entertainers? Yes No

If yes, list organization or name: _____

41. Where are keys kept while the autos are not in use? _____

42. Do you have on site maintenance including service/repair on autos?..... Yes No

If no, what arrangements are made to provide regular maintenance of autos? _____

Who provides maintenance on wheelchair lifts, tie downs or ramps? _____

43. If vehicles are stored at one location, describe the type of location and its security: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties **(Not applicable to Nebraska, Oregon or Vermont)**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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dition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)



COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION

Name of Applicant: _____

 D/B/A: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ **To** _____

12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Joint Venture LLC Other: _____

2. **Description of operations:** _____

Attach appropriate supplemental application as needed.

3. **How long has this operation been in business?** _____

4. **How many years of experience does your management have in the truck/transportation business?** _____

Provide an explanation of their experience: _____

5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)?..... Yes No

If yes, explain: _____

6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** Yes No

If yes, provide details: _____

7. **Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name?** Yes No
If yes, provide details: _____
8. **Is there a formal safety program?**..... Yes No
If yes, provide details or a copy: _____

9. **List commodities transported:** _____
10. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
If yes, provide specific details: _____
11. **Radius of operations:** Intrastate only Interstate
0-100 miles _____%, 101-300 miles _____%, 301-500 miles _____%, Over 500 miles _____%
12. **List all states in which vehicles operate:** _____
a. For all states, list largest cities entered: _____
b. For all states, list farthest city entered from garaging location: _____
13. **Is your operation subject to time constraints when delivering the commodity?** Yes No
14. **Do you haul for others?** Yes No
If yes, indicate percentage and for whom: _____
15. **Do you back haul?**..... Yes No
If yes, advise for whom and commodities transported: _____

16. **Do you have a signed trailer interchange agreement?**..... Yes No
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** Yes No
If yes, provide a copy of the signed contract, cover letter and provider list.
18. **Do any units have special equipment, customizations or alterations?** Yes No
a. If yes, describe: _____
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
19. **Are any vehicles used by family members?** Yes No
If yes, list and provide MVRs: _____
20. **Is there personal use of vehicles?** Yes No
If yes, explain: _____
21. **Do you allow passengers?** Yes No
If yes, explain: _____
22. **Are any vehicles or equipment loaned, rented, or leased to others?** Yes No
If yes, explain: _____

23. **Are all drivers covered by Workers' Compensation insurance?** Yes No

DRIVER INFORMATION

24. Is there a formal driver hiring procedure? Yes No
 If yes, provide a copy.

25. Is there a formal driver training program? Yes No
 If yes, provide a copy.

26. Do you:
 Perform employee drug and alcohol screening/testing? Yes No
 Perform criminal background checks? Yes No
 Have a "Good Driver" incentive program..... Yes No
 Order MVRs prior to allowing employees to drive? Yes No

27. Criteria for hiring drivers: minimum age: _____ **years of experience:** _____
 Describe MVR standards: _____

28. Average driver turnover per year: _____%
Number of drivers hired in the past twelve (12) months:

29. Is there an accident review procedure? Yes No
 If yes, please describe: _____

30. Are all drivers employees? Yes No
 If no, provide copy of contract.

31. How are your drivers paid? Per load Per hour Other: _____

32. Do you agree to screen and report all potential operators immediately upon hiring? Yes No

33. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period: _____

34. Are driver teams used? Yes No

35. Are drivers assigned to specific units? Yes No

36. List below all drivers, owners/officers, partners currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

FILING INFORMATION

- 43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?..... Yes No
If yes, provide: US DOT No. _____, MC No. _____, Base State _____
- 44. State filings required?..... Yes No
If yes, list states and provide necessary state motor carrier number, if applicable: _____

- 45. Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____

- 46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? Yes No
If yes, provide details: _____

HIRED AUTO INFORMATION—Coverage Subject to Audit

- 47. Why is hired auto coverage being requested? _____
- 48. Do you lease, hire, rent or borrow any vehicles from others? Yes No
What is the average term of the lease? _____
Is there a written agreement? Yes No
Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
Provide a copy of the agreement.
- 49. Do you hire independent contractors? Yes No
If yes, do you require certificates of insurance? Yes No
Provide a copy of the contract.
- 50. If owner/operators are leased, will they be scheduled on your policy? Yes No
If yes, provide a copy of the agreement you use.
- 51. Do you use sub-haulers?..... Yes No
If yes, provide cost of hire: \$ _____
Provide a copy of the contract.
- 52. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No
Will they be scheduled on the policy? Yes No
What is the average term of the lease? _____
- 53. What is your cost to lease, hire, rent or borrow vehicles? With drivers \$ _____ Without drivers \$ _____
Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
- 54. Is Hired Auto Physical Damage coverage desired?..... Yes No
If yes, average value of auto hired: \$ _____
- 55. How many autos are hired on average within a twelve (12) month period? _____
- 56. How many hired autos are in the insured's possession at any one time? _____
- 57. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy and Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
 If yes, explain: _____
59. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
 Explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
60. Do you have motor carrier brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your motor carrier brokerage number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months: _____
61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

62. Why is non-ownership liability coverage being requested? _____
63. What types of non-owned autos will be used in your business? _____
 Total number of non-owned autos used: _____ How will they be used? _____
64. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____
 Estimate the number of hours per month: _____
 Estimated annual mileage for use of all non-owned autos: _____
65. Do any employees use their autos in your business? Yes No
 If yes, what limit of liability insurance are they required to maintain? _____
 Do you require evidence of insurance? Yes No
66. Will you use non-owned autos other than those owned by employees? Yes No
 If yes, describe the relationship: _____
67. Total number of employees: _____ Total number of officers and partners: _____
68. If a social service operation, do you use the autos of volunteers? Yes No
 Maximum number of volunteers at any one time: _____
 How will they use their vehicles? _____
69. Are volunteers required to have their own insurance? Yes No
 Minimum limits required: _____
70. Do you obtain motor vehicle records for all employees and volunteers? Yes No
71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

LIMIT AND COVERAGE INFORMATION

72. Liability: Combined Single Limits: \$ _____
 Split Limit: B.I. Per Person: \$ _____ B.I. Per Accident: \$ _____ Property Damage: \$ _____
 Liability Deductible: \$1,000 Over \$1,000 _____ **Submit to company—financials may be required**

73. Hired Auto: Cost of Hire: \$ _____
Hired auto coverage is subject to audit.

74. Non-owned Auto: Number of: Partners: _____ Employees: _____ Volunteers: _____
Non-owned auto coverage is subject to audit.

75. Uninsured Motorist: Rejected Limits Accepted _____

76. Underinsured Motorist: Rejected Limits Accepted _____
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)

77. Optional no-fault state: PIP rejected?..... Yes No

78. Mandatory no-fault state: PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)

79. Medical Payments: Rejected Limits accepted: _____

80. Trailer Interchange: Limit \$ _____ Number of Trailers: _____
 Deductibles: Comp \$ _____ SCOL \$ _____ Coll \$ _____

81. Do you understand that we may audit your records, which might result in an additional premium? Yes No

82. Are any Lessors or other entities to be added as additional insureds?..... Yes No
 If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

VEHICLE SCHEDULE

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:	Length:	

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

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California Notice And Disclosure: Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

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APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ILLINOIS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Please indicate your choice from **A.** and **B.** by initialing next to the appropriate item(s) and signing below.

A. Bodily Injury Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage except as described below.

If your Bodily Injury Liability Coverage limits exceed \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Bodily Injury Uninsured Motorists Coverage BUT you may not select Bodily Injury Uninsured Motorists Coverage limits less than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limits are greater than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limits will be equal to your Uninsured Motorists Coverage limits.

Please indicate your choice by initialing next to the appropriate item(s) if you are selecting Uninsured Motorists Coverage at limits less than the Bodily Injury Liability limits of your policy.

(Initials) _____	I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits.			
(Choose one):				
(Initials) _____	Split Limits \$ 25,000/50,000* _____ 50,000/100,000 _____ 100,000/300,000 _____ 250,000/500,000 _____ 500,000/1,000,000 _____ \$ _____ (Other)	OR	(Initials) _____	Combined Single Limit \$ 50,000* _____ 100,000 _____ 250,000 _____ 300,000 _____ 350,000 _____ 500,000 _____ 1,000,000 _____ \$ _____ (Other)
* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.				

B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

Please indicate your choice by initialing next to the appropriate item(s) below.

(Initials) _____	I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 for the following vehicle(s).
	(Specify Year/Make/Model): _____ _____ _____ _____
	Premium: \$ _____
_____	I reject Property Damage Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date