

## SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

# MINNESOTA

*(To be completed and signed by Named Insured)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### NO-FAULT AUTOMOBILE INSURANCE

1. In consideration of an increase in premium, the named insured elects to stack personal injury protection coverages.

Yes       No

2. IF ADDITIONAL PERSONAL INJURY PROTECTION-Minnesota is desired check the benefits limits option below. These limits are inclusive of the mandatory Personal Injury Protection Benefit amounts and apply only to individuals as Named Insureds and their relatives.

Option	Total Medical Expense	Total Aggregate Work Loss, Essential Services Expenses, Funeral Expenses and Survivors Loss	Total Weekly Maximum Work Loss or Survivors Loss	Total Weekly Maximum Essential Services
<input type="checkbox"/> #1	\$ 30.000	\$20.000	\$250	\$200
<input type="checkbox"/> #2	\$ 40.000	\$20.000	\$250	\$200
<input type="checkbox"/> #3	\$ 50.000	\$20.000	\$250	\$200
<input type="checkbox"/> #4	\$ 50.000	\$25.000	\$300	\$300
<input type="checkbox"/> #5	\$ 75.000	\$25.000	\$300	\$300
<input type="checkbox"/> #6	\$100.000	\$25.000	\$400	\$300

3. NAMED INDIVIDUALS – BROADENED BASIC AND ADDITIONAL PERSONAL INJURY PROTECTION

The following individuals regularly use motor vehicles to be insured and are to be considered Named Insureds in regard to Basic Personal Injury Protection and, if any, Additional Personal Injury Protection for the limits shown.

NAME OF INDIVIDUAL

1 _____	3 _____
2 _____	4 _____

*(Continued on Reverse)*

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**PROTECTION AGAINST UNINSURED AND UNDERINSURED MOTORISTS**

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Uninsured Motorists Coverage provides coverage for bodily injury which an insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or from a hit-and-run vehicle.

Underinsured Motorists Coverage provides coverage for damages for bodily injury which an insured is legally entitled to recover from the owner or operator of a motor vehicle to which a bodily injury liability policy applies at the time of the accident in limits equal to or greater than the minimum limits specified by the Minnesota No-Fault Automobile Insurance Act but its limit for bodily injury liability is not enough to pay the full amount of damages caused by the accident.

In accordance with the laws of Minnesota, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured motorists coverages for damages for bodily injury which the insured may be entitled to recover from the owner or operator of an Uninsured or Underinsured motor vehicle, in the minimum required limits of \$25,000 each person/\$50,000 each accident; or \$50,000 each accident, unless you select optional higher limits up to bodily injury liability policy limits.

Please read carefully and indicate how you wish your coverages to apply by checking the proper box provided and sign the space below.

**UNINSURED MOTORISTS COVERAGE**

- I wish to select Uninsured Motorists Coverage at limits equal to the bodily injury liability policy limits.
- I wish to select Uninsured Motorists Coverage at limits greater than the minimum required limits, but less than the bodily injury liability policy limits.

\$ \_\_\_\_\_ each accident; OR

\$ \_\_\_\_\_ each person. \$ \_\_\_\_\_ each accident.

**UNDERINSURED MOTORISTS COVERAGE**

- I wish to select Underinsured Motorists Coverage at limits equal to the bodily injury liability policy limits.
- I wish to select Underinsured Motorists Coverage at limits greater than the minimum required limits, but less than the bodily injury liability policy limits.

\$ \_\_\_\_\_ each accident; OR

\$ \_\_\_\_\_ each person. \$ \_\_\_\_\_ each accident.

I understand that the coverage selection or rejection indicated above shall apply on the policy(ies) in effect at the time this form is executed and all future renewal policies until I notify The Travelers IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

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SIGNATURE OF NAMED INSURED

DATE