

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**  
**NORTH DAKOTA**

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NAME:

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ADDRESS:

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**PROTECTION AGAINST UNINSURED AND UNDERINSURED MOTORISTS**

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**UNINSURED MOTORISTS COVERAGE**

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Uninsured Motorists coverage provides protection against bodily injury for which an insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or hit-and-run vehicle. An uninsured motor vehicle shall include a motor vehicle for which there is no bodily injury liability insurance.

In accordance with the laws of North Dakota, your automobile liability or motor vehicle liability policy, shall automatically include coverage for damages for bodily injury which the insured may be entitled to recover from the owner or operator of an uninsured or hit-and-run motor vehicle in the Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident; or \$50,000 each accident.

You DO NOT have the right to reject such coverage, but you may select higher limits as indicated below:

I wish to select other limits greater than the Financial Responsibility Limits, but not to exceed the bodily injury liability policy limits. (Specify)

\$ \_\_\_\_\_ each person, \$ \_\_\_\_\_ each accident; OR

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

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**UNDERINSURED MOTORISTS COVERAGE**

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Underinsured Motorists coverage provides protection against bodily injury for which an insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle. An Underinsured Motor vehicle shall include vehicles for which the available limits of liability are either (i) less than the limits of the Underinsured Motorists coverage of this policy; or (ii) have been reduced by payments to others injured in the accident to limits less than limits of the Underinsured Motorists coverage of this policy.

In accordance with the laws of North Dakota, your automobile liability or motor vehicle liability policy, shall automatically include coverage for damages for bodily injury which the insured may be entitled to recover from the owner or operator of an underinsured motor vehicle in limits equal to the limits of Uninsured Motorists coverage.

You DO NOT have the right to reject such coverage.

(Continued on Reverse)

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)**

I. Personal Injury Protection MUST be provided for any vehicle subject to the North Dakota Motor Vehicle No-Fault Law.

Basic PIP benefits include payments of 85% of work loss or survivor's income loss, up to \$150 per week, replacement services loss or survivor's replacement services loss up to \$15 per day and funeral expenses up to \$3,500. Total amount of coverage may not exceed \$30,000 in the aggregate.

North Dakota No-Fault Law requires each basic no-fault insurer to offer optional ADDITIONAL NO-FAULT benefits to the owner of motor vehicle subject to the North Dakota No-Fault Law.

Please make your selections as indicated below by checking the proper box(es) below:

<u>OPTION</u>	<u>ADDITIONAL AGGREGATE LIMITS</u>	<u>ADDITIONAL WORK LOSS OR SURVIVOR'S INCOME LOSS</u>
<input type="checkbox"/> 1.	\$10,000	\$100 per week
<input type="checkbox"/> 2.	\$50,000	\$200 per week
<input type="checkbox"/> 3.	\$70,000	\$200 per week
<input type="checkbox"/> 4.	\$80,000	\$200 per week
<input type="checkbox"/> 5. NO. I DO NOT WISH TO PURCHASE ADDITIONAL PERSONAL INJURY PROTECTION AT THIS TIME.		

Note: Options 2, 3 and 4 include \$10 per day for additional replacement services loss or survivor's replacement services loss, and \$1,000 additional funeral expenses.

**II. 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 with regards to the Basic Personal Injury Protection and Additional Personal Injury Protection for the limits chosen above.

NAME OF INDIVIDUAL

1. _____	3. _____
2. _____	4. _____

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.

SIGNATURE OF NAMED INSURED	DATE
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