



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
UNINSURED/UNDERINSURED MOTORIST COVERAGE**

TEXAS

(To be completed and signed by Named Insured)

NAME:

ADDRESS:

IMPORTANT – PLEASE READ CAREFULLY

Please read this document carefully. Your coverage options are explained below.

UNINSURED/UNDERINSURED MOTORIST COVERAGE ("UM/UIM COVERAGE")

Unless rejected in writing, Texas law (Texas Insurance Code, Art. 5.06-1) requires that all automobile liability or motor vehicle liability policies delivered or issued for delivery in Texas provide coverage, in at least the limits prescribed in the Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, Ch. 601) and under provisions prescribed by the Texas Department of Insurance, for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles. You may select higher limits, but you cannot select a limit of liability for bodily injury greater than the limits of liability specified in the bodily injury liability provisions of your policy and you cannot select a limit of liability for property damage greater than the limits of liability specified in the property damage liability provisions of your policy.

UM/UIM COVERAGE OPTIONS (Mark the applicable box and sign below.)

- ☐ I hereby reject Uninsured/Underinsured Motorist Coverage for both bodily injury and property damage for all vehicles covered by my policy.
- ☐ I hereby reject Uninsured/Underinsured Motorist Coverage for bodily injury only for all vehicles covered by my policy.
- ☐ I hereby reject Uninsured/Underinsured Motorist Coverage for property damage only for all vehicles covered by my policy.
- ☐ I select higher limits of Uninsured/Underinsured Motorist Coverage (not to exceed the bodily injury and property damage liability limits of my policy) for all vehicles covered by my policy. (Specify)

\$ _____ each accident Combined Single Limit; OR

\$ _____ each person, \$ _____ each accident for bodily injury and

\$ _____ each accident for property damage.

Please note that Uninsured/Underinsured Motorist Coverage for property damage is subject to a \$250 deductible.

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 to all future renewals thereof until I notify The Travelers IN WRITING of any changes. My signature below evidences actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits selected.

SIGNATURE OF INSURED

DATE