

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

WASHINGTON

NAME:

ADDRESS:

PROTECTION AGAINST UNDERINSURED MOTORISTS

Underinsured Motorists Coverage protects you against loss for bodily injury, or bodily injury and property damage where no insurance policy applies at the time of the accident, or the limits of coverage available for payment to you under all insurance policies covering persons liable to you are insufficient to pay your loss.

In accordance with the laws of Washington, your automobile liability or motor vehicle liability policy, shall auto-matically include coverage for damages for bodily injury and property damage which the insured may be entitled to recover from the owner or operator of an underinsured motor vehicle, in the amount equal to your automobile liability policy limits, unless you reject all or part of said coverage or select lower limits. You may reject both bodily injury and property damage coverage or you may reject property damage coverage only.

Please indicate how you wish your coverage to apply by checking the proper box(es).

- I wish to reject both Underinsured Motorists Bodily Injury and Property Damage coverage.
- I wish to reject Underinsured Motorists Property Damage coverage and select Underinsured Motorists Bodily Injury coverage at limits of:
- Minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident; or \$50,000 each accident.
- Other limits greater than the Minimum Financial Responsibility Limits, but less than the bodily injury policy liability limits. (specify)
- \$ _____ each accident; OR
- \$ _____ each person, \$ _____ each accident.
- I wish to select Underinsured Motorists Bodily Injury and Property Damage coverage at limits of:
- Minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident for bodily injury and \$10,000 each accident for property damage; or \$60,000 each accident Combined Single Limits (CSL).
- Other limits greater than the Minimum Financial Responsibility Limits, but less than the bodily injury policy liability limits. (specify)
- Combined Single Limits (CSL) of \$ _____ each accident; OR
- Split Limits of \$ _____ each person, \$ _____ each accident for bodily injury and
- \$ _____ each accident for property damage.

Note: Property Damage Liability is subject to a \$300 deductible for accidents caused by a hit-and-run vehicle or a phantom vehicle and a \$100 deductible for all other accidents.

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