

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

ARIZONA

(To be completed and signed by Named Insured)

NAME:

ADDRESS:

UNINSURED MOTORISTS INSURANCE

In accordance with Arizona Statutes, we are required to offer Uninsured Motorists Coverage on all Motor Vehicle Liability Policies at the same limit as Bodily Injury Liability Policy Limits ("Bodily Injury Policy Limits"). You may also select lower limits but not lower than minimum Financial Responsibility Limits.

Please indicate your selection below:

Minimum Financial Responsibility Limits of \$15,000 each person/\$30,000 each accident; or \$30,000 each accident.

Bodily Injury Policy Limits

Other limits less than Bodily Injury Policy limits, but greater than the minimum Financial Responsibility Limits (specify)

\$ _____ each accident; OR

\$ _____ each person, _____ each accident.

I choose not to exercise the option to purchase Uninsured Motorists Coverage.

UNDERINSURED MOTORISTS INSURANCE

Underinsured Motorists Coverage provides coverage when the sum of the limits of liability under all bodily injury or death liability bonds and liability insurance policies applicable at the time of the accident are less than the total damages for bodily injury or death resulting from the accident.

In accordance with Arizona Statutes, we are required to offer Underinsured Motorists Coverage on all Motor Vehicle Liability Policies at the same limit as Bodily Injury Liability Policy Limits ("Bodily Injury Policy Limits"). You may also select this coverage in an amount up to Bodily Injury Policy Limits.

Please indicate your selection below:

Bodily Injury Policy Limits

Other (specify) \$ _____ each accident; OR

\$ _____ each person, \$ _____ each accident

I choose not to exercise the option to purchase Underinsured Motorists Coverage.

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