

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
 CALIFORNIA**

NAME:

ADDRESS:

PROTECTION AGAINST UNINSURED/UNDERINSURED MOTORISTS

NOTICE

The California Insurance Code requires an insurer to provide bodily injury uninsured motorists coverage in each bodily injury liability insurance policy it issued covering liability arising out of the ownership, maintenance, or use of a motor vehicle. If bodily injury uninsured motorists coverage is provided, the California Insurance Code requires an insurer to offer property damage uninsured motorists coverage options. If the policy does not include collision coverage, coverage may be provided for loss or damage to the insured motor vehicle resulting from collision at a limit not to exceed the actual cash value of the motor vehicle or \$3,500, whichever is less. If the policy does provide collision coverage, the collision deductible amount may be waived. However, these options do not apply to commercial vehicles transporting persons for hire, compensation or profit (excluding van-pool vehicles), or designed, used or maintained primarily for the transportation of property. Such section also permits the insurer and the applicant to delete such coverage completely or with respect to one or more natural persons designated by name when operating a motor vehicle, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for bodily injury and/or property damage, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Deletion/Reduction of Coverage

I have read the above notice and I understand that uninsured motorists coverage will be provided with the limits equal to my bodily injury policy liability limits and will result in an additional premium on the policy. I understand that coverage under an uninsured motorists provision extends to anyone riding in my vehicle and to me and all relatives residing in my household, even if I am or the relative is a pedestrian or bicyclist, unless I specifically delete from the coverage one or more named persons when operating a motor vehicle or delete the coverage entirely.

I hereby delete bodily injury uninsured motorists coverage entirely.

I hereby delete bodily injury uninsured motorists coverage only with respect to the following person(s)

I hereby reject required limits of liability for bodily injury uninsured motorists coverage equal to the bodily injury coverage limits of liability on the policy and elect the optional limits of liability:

\$15,000 each person/30,000 each accident; OR \$30,000 each accident

Other limits greater than the financial responsibility limits, but not more than the bodily injury liability limits. (specify)

\$ _____ each accident; OR

\$ _____ each person, \$ _____ each accident

(Continued on Reverse)

(Complete this section if you have accepted bodily injury uninsured motorists insurance.)

In accordance with California Statutes, property damage uninsured motorists coverage must be offered as optional coverage when bodily injury uninsured motorists insurance is provided; and when collision coverage is not provided.

I do not wish to purchase property damage uninsured motorists coverage.

I do not wish to purchase the waiver of the collision 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 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