

## SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION NORTH CAROLINA

*(To be completed and signed by Named Insured)*

NAME:	POLICY NUMBER:
ADDRESS:	

### SELECTION/REJECTION FORM UNINSURED MOTORISTS COVERAGE COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) and coverage options are available to me. I understand that:

1. The UM and UM/UIM limits shown for vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident or policy limits, whichever is greater, are available.
3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

In accordance with the laws of North Carolina, your automobile liability or motor vehicle liability policy, shall auto-atically 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 uninsured or underinsured motor vehicle in the amount equal to bodily injury and property damage policy limits, unless you reject said coverage, or select lower limits, but not less than the minimum Financial Responsibility Limits as indicated below:

(CHOOSE ONLY ONE OF THE FOLLOWING)

- I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits greater than or equal to the Minimum Financial Responsibility limits of \$30,000 each person, \$60,000 each accident for bodily injury and \$25,000 each accident for property damage but not to exceed \$1,000,000 or the policy liability limits, whichever is greater.
- Bodily Injury \_\_\_\_\_; Property Damage \_\_\_\_\_
- I choose Combined Uninsured/Underinsured Motorists Coverage at limits greater than or equal to the Minimum Financial Responsibility limits of \$30,000 each person, \$60,000 each accident for bodily injury and \$25,000 each accident for property damage but not to exceed \$1,000,000 or the policy liability limits, whichever is greater.
- Bodily Injury \_\_\_\_\_; Property Damage \_\_\_\_\_
- I choose to reject both Uninsured and Combined Uninsured/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
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