



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

WASHINGTON

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

PROTECTION AGAINST UNINSURED MOTORISTS

Underinsured motor vehicles are motor vehicles (1) for which no liability bond or policy applies at the time of an accident; or (2) for which the sum of the limits of liability under applicable bonds or policies is less than the damages you are legally entitled to recover; or (3) for which all insuring or bonding companies deny coverage or are insolvent; or (4) that are hit-and-run vehicles; or (5) under certain circumstances, that are phantom vehicles. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Washington, your automobile liability or motor vehicle liability policy, shall automatically include coverage for the protection of insureds who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, death, or property damage, in an amount equal to your policy's liability coverage, 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. If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different selection below.

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

- 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 equal to the Bodily Injury Liability limit.
- I wish to reject Underinsured Motorists Property Damage coverage and select Underinsured Motorists Bodily Injury coverage at limits equal to Minimum Financial Responsibility limits of \$25,000 each person/ \$50,000 each accident; or \$50,000 combined single limit (CSL). The Uninsured Motorists Coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.
- I wish to reject Underinsured Motorists Property Damage coverage and select Underinsured Motorists Bodily Injury coverage at a limit lower than my Bodily Injury Liability limit, of:
 - \$ 100,000 each accident (CSL)
 - \$ 250,000 each accident (CSL)
 - \$ 300,000 each accident (CSL)
 - \$ 350,000 each accident (CSL)
 - \$ 500,000 each accident (CSL)
 - \$ 750,000 each accident (CSL)
 - \$ 1,000,000 each accident (CSL)
 - \$ _____

- I wish to select Underinsured Motorists Bodily Injury coverage and Underinsured Motorists Property Damage coverage at limits equal to my policy's Bodily Injury Liability and Property Damage Liability limits.
- I wish to select Underinsured Motorists Bodily Injury coverage and Underinsured Motorists Property Damage coverage at limits equal to Minimum Financial Responsibility limits of \$25,000 each person/ \$50,000 each accident for bodily injury/ \$10,000 each accident for property damage; or \$60,000 combined single limit (CSL). The Uninsured Motorists Coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Liability limits on your policy.
- I wish to select Underinsured Motorists Bodily Injury coverage and Uninsured Motorists Property Damage coverage at a limit lower than my policy's Liability limit, of:
- \$ 100,000 each accident (CSL)
 - \$ 250,000 each accident (CSL)
 - \$ 300,000 each accident (CSL)
 - \$ 350,000 each accident (CSL)
 - \$ 500,000 each accident (CSL)
 - \$ 750,000 each accident (CSL)
 - \$ 1,000,000 each accident (CSL)
 - \$ _____

Note: Underinsured Motorists Property Damage coverage is subject to a maximum deductible of \$300 for damages caused by a hit-and-run driver or a phantom vehicle and a maximum deductible of \$100 for all other accidents.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date