



## COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION

Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
D/B/A: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
P.O. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
FEIN/Social Security/Soundex No. \_\_\_\_\_  
Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Agent No.: \_\_\_\_\_

### PROPOSED EFFECTIVE DATE:

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time, at the mailing address of the Applicant.

### PLEASE ANSWER ALL QUESTIONS

#### DESCRIPTION OF OPERATIONS

1. **Applicant is:** ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC ☐ Other: \_\_\_\_\_
2. **Description of operations:** \_\_\_\_\_  
\_\_\_\_\_  
Attach appropriate supplemental application as needed.
3. **How long has this operation been in business?** \_\_\_\_\_
4. **How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_  
Provide an explanation of their experience: \_\_\_\_\_
5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_

7. Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
8. Is there a formal safety program? ..... ☐ Yes ☐ No  
If yes, provide details or a copy: \_\_\_\_\_  
\_\_\_\_\_
9. List commodities transported: \_\_\_\_\_
10. Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)? ..... ☐ Yes ☐ No  
If yes, provide specific details: \_\_\_\_\_
11. Radius of operations: ☐ Intrastate only ☐ Interstate  
0-100 miles \_\_\_\_\_%, 101-300 miles \_\_\_\_\_%, 301-500 miles \_\_\_\_\_%, Over 500 miles \_\_\_\_\_%
12. List all states in which vehicles operate: \_\_\_\_\_  
a. For all states, list largest cities entered: \_\_\_\_\_  
b. For all states, list farthest city entered from garaging location: \_\_\_\_\_
13. Is your operation subject to time constraints when delivering the commodity? ..... ☐ Yes ☐ No
14. Do you haul for others? ..... ☐ Yes ☐ No  
If yes, indicate percentage and for whom: \_\_\_\_\_
15. Do you back haul? ..... ☐ Yes ☐ No  
If yes, advise for whom and commodities transported: \_\_\_\_\_  
\_\_\_\_\_
16. Do you have a signed trailer interchange agreement? ..... Yes No  
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract? ..... ☐ Yes ☐ No  
If yes, provide a copy of the signed contract, cover letter and provider list.
18. Do any units have special equipment, customizations or alterations? ..... ☐ Yes ☐ No  
a. If yes, describe: \_\_\_\_\_  
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_
19. Are any vehicles used by family members? ..... ☐ Yes ☐ No  
If yes, list and provide MVRs: \_\_\_\_\_
20. Is there personal use of vehicles? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
21. Do you allow passengers? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
22. Are any vehicles or equipment loaned, rented, or leased to others? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
23. Are all drivers covered by Workers' Compensation insurance? ..... ☐ Yes ☐ No

## DRIVER INFORMATION

**24. Is there a formal driver hiring procedure?** ..... Yes No  
If yes, provide a copy.

**25. Is there a formal driver training program?** ..... ☐ Yes ☐ No  
If yes, provide a copy.

**26. Do you:**

Perform employee drug and alcohol screening/testing? ..... ☐ Yes ☐ No

Perform criminal background checks? ..... ☐ Yes ☐ No

Have a "Good Driver" incentive program ..... ☐ Yes ☐ No

Order MVRs prior to allowing employees to drive? ..... ☐ Yes ☐ No

**27. Criteria for hiring drivers: minimum age:** \_\_\_\_\_ **years of experience:** \_\_\_\_\_  
Describe MVR standards: \_\_\_\_\_

**28. Average driver turnover per year:** ..... %  
**Number of drivers hired in the past twelve (12) months:** \_\_\_\_\_

**29. Is there an accident review procedure?** ..... ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

**30. Are all drivers employees?** ..... ☐ Yes ☐ No  
If no, provide copy of contract.

**31. How are your drivers paid?** ☐ Per load ☐ Per hour ☐ Other: \_\_\_\_\_

**32. Do you agree to screen and report all potential operators immediately upon hiring?** ..... ☐ Yes ☐ No

**33. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period:** \_\_\_\_\_

**34. Are driver teams used?** ..... ☐ Yes ☐ No

**35. Are drivers assigned to specific units?** ..... ☐ Yes ☐ No

**36. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.** If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

\*Designation Code: O—Owner/Officer, P—Partner, E—Employee

### VEHICLE INFORMATION

**37. Number of vehicles owned:** \_\_\_\_\_ Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_ Extra Heavy  
 \_\_\_\_\_ Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Private Passenger Types

**38. Number of vehicles leased:** \_\_\_\_\_ Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_ Extra Heavy  
 \_\_\_\_\_ Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Private Passenger Types

**39. Do you use double or triple trailers?** ..... ☐ Yes ☐ No  
 If yes, what percentage of trips involves the use of multiple trailers? ..... %

**40. Do all trailers have DOT-required reflective tape?** ..... ☐ Yes ☐ No

**41. Provide details on your vehicle maintenance program:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**42. Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** ..... ☐ Yes ☐ No  
 If yes, provide details: \_\_\_\_\_

### PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

**Include a minimum of four years currently valued company loss runs for all accounts.**

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. Of Losses	Liability Losses Paid/ Open*	Physical Damage Losses Paid/ Open*

### OPERATION HISTORY

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**FILING INFORMATION**

- 43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?**..... ☐ Yes ☐ No  
If yes, provide: US DOT No. \_\_\_\_\_, MC No. \_\_\_\_\_, Base State \_\_\_\_\_
- 44. State filings required?** ..... ☐ Yes ☐ No  
If yes, list states and provide necessary state motor carrier number, if applicable: \_\_\_\_\_
- 45. Provide exact name and address as shown on application for filings, permits, certificates, etc.:** \_\_\_\_\_
- 46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits?** ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_

**HIRED AUTO INFORMATION—Coverage Subject to Audit**

- 47. Why is hired auto coverage being requested?** \_\_\_\_\_
- 48. Do you lease, hire, rent or borrow any vehicles from others?** ..... ☐ Yes ☐ No  
What is the average term of the lease? \_\_\_\_\_  
Is there a written agreement? ..... ☐ Yes ☐ No  
Does it include a Hold Harmless agreement and/or Additional Insured clause? ..... ☐ Yes ☐ No  
**Provide a copy of the agreement.**
- 49. Do you hire independent contractors?** ..... ☐ Yes ☐ No  
If yes, do you require certificates of insurance? ..... ☐ Yes ☐ No  
**Provide a copy of the contract.**
- 50. If owner/operators are leased, will they be scheduled on your policy?** ..... ☐ Yes ☐ No  
If yes, provide a copy of the agreement you use.
- 51. Do you use sub-haulers?** ..... ☐ Yes ☐ No  
If yes, provide cost of hire: \$ \_\_\_\_\_  
**Provide a copy of the contract.**
- 52. Do you lease, hire, rent, or borrow any vehicles from others without drivers?** ..... ☐ Yes ☐ No  
Will they be scheduled on the policy? ..... ☐ Yes ☐ No  
What is the average term of the lease? \_\_\_\_\_
- 53. What is your cost to lease, hire, rent or borrow vehicles?** With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_  
Estimated cost of hired autos: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_
- 54. Is Hired Auto Physical Damage coverage desired?** ..... ☐ Yes ☐ No  
If yes, average value of auto hired: \$ \_\_\_\_\_
- 55. How many autos are hired on average within a twelve (12) month period?** \_\_\_\_\_
- 56. How many hired autos are in the insured's possession at any one time?** \_\_\_\_\_
- 57. What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors \_\_\_\_\_% Trailers \_\_\_\_\_%  
Heavy and Extra Trucks \_\_\_\_\_% Pickup trucks or Vans \_\_\_\_\_% Private Passenger Cars \_\_\_\_\_%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
59. Do you arrange or dispatch loads for others, not including your own hired truckers? ..... ☐ Yes ☐ No  
Explain: \_\_\_\_\_  
Are you named on the Bills of Lading? ..... ☐ Yes ☐ No  
Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_
60. Do you have motor carrier brokerage authority? ..... ☐ Yes ☐ No  
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? ..... ☐ Yes ☐ No  
What is your motor carrier brokerage number? \_\_\_\_\_  
Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
Estimated next twelve (12) months: \_\_\_\_\_
61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? ..... ☐ Yes ☐ No

<b>NON-OWNED AUTO INFORMATION—Coverage Subject to Audit</b>
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62. Why is non-ownership liability coverage being requested? \_\_\_\_\_
63. What types of non-owned autos will be used in your business? \_\_\_\_\_  
Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_
64. How often are non-owned autos used in your business? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_  
Estimate the number of hours per month: \_\_\_\_\_  
Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_
65. Do any employees use their autos in your business? ..... ☐ Yes ☐ No  
If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_  
Do you require evidence of insurance? ..... ☐ Yes ☐ No
66. Will you use non-owned autos other than those owned by employees? ..... ☐ Yes ☐ No  
If yes, describe the relationship: \_\_\_\_\_
67. Total number of employees: \_\_\_\_\_ Total number of officers and partners: \_\_\_\_\_
68. If a social service operation, do you use the autos of volunteers? ..... ☐ Yes ☐ No  
Maximum number of volunteers at any one time: \_\_\_\_\_  
How will they use their vehicles? \_\_\_\_\_
69. Are volunteers required to have their own insurance? ..... ☐ Yes ☐ No  
Minimum limits required: \_\_\_\_\_
70. Do you obtain motor vehicle records for all employees and volunteers? ..... ☐ Yes ☐ No
71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? ..... ☐ Yes ☐ No

**LIMIT AND COVERAGE INFORMATION**

- 72. Liability:** Combined Single Limits: \$ \_\_\_\_\_  
Split Limit: B.I. Per Person: \$ \_\_\_\_\_ B.I. Per Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_  
Liability Deductible: ☐ \$1,000 ☐ Over \$1,000 \_\_\_\_\_ **Submit to company—financials may be required**
- 73. Hired Auto:** Cost of Hire: \$ \_\_\_\_\_  
**Hired auto coverage is subject to audit.**
- 74. Non-owned Auto:** Number of: Partners: \_\_\_\_\_ Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
**Non-owned auto coverage is subject to audit.**
- 75. Uninsured Motorist:** ☐ Rejected ☐ Limits Accepted \$ \_\_\_\_\_
- 76. Underinsured Motorist:** ☐ Rejected ☐ Limits Accepted \$ \_\_\_\_\_  
(Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)
- 77. Optional no-fault state:** PIP rejected? ..... ☐ Yes ☐ No
- 78. Mandatory no-fault state:** PIP basic limits accepted? ..... ☐ Yes ☐ No  
(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)
- 79. Medical Payments:** ☐ Rejected ☐ Limits accepted: \$ \_\_\_\_\_
- 80. Trailer Interchange:** Limit \$ \_\_\_\_\_ Number of Trailers: \_\_\_\_\_  
Deductibles: ☐ Comp \$ \_\_\_\_\_ ☐ SCOL \$ \_\_\_\_\_ ☐ Coll \$ \_\_\_\_\_
- 81. Do you understand that we may audit your records, which might result in an additional premium?** ..... ☐ Yes ☐ No
- 82. Are any Lessors or other entities to be added as additional insureds?** ..... ☐ Yes ☐ No  
If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

**VEHICLE SCHEDULE**

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
ACV	ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ COLL _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Retail	Service
Leased Vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
ACV	ST AMT: \$	Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail    Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
ACV	ST AMT: \$	Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail    Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
ACV	ST AMT: \$	Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail    Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:



<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
ACV	ST AMT: \$	Value of perm. attached equip.: \$
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP	<input type="checkbox"/> SCOL
COLL		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Retail	Service
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable in Nebraska, Oregon and Vermont).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII (AUTOMOBILE):** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Return Premium (if any)

\$

## REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

### (Applicable items marked "X")

- ☐ agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- ☐ agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- ☐ agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- ☐ agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- ☐ agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$                      each person (enter limit if applicable)  
\$                      each accident

- ☐ agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$                      each person (enter limit if applicable)  
\$                      each accident

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Policy No. (if known) \_\_\_\_\_