



Risk Placement Services, Inc.

MARYLAND SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

CANAL

- INSURANCE COMPANY
INDEMNITY COMPANY

1. Applicant Name

2. DBA, if any

NOTICE: CANAL'S ACCEPTANCE OF THIS APPLICATION IS CONTINGENT UPON THE CONSIDERATION OF THE APPLICANT'S CLAIMS HISTORY. IF ACCEPTED, YOUR CLAIMS HISTORY WILL ALSO BE CONSIDERED IN DETERMINING IF THE POLICY SHOULD BE CANCELED OR NON-RENEWED.

MARYLAND FRAUD WARNING

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.

UNINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property from an owner or operator of an uninsured motor vehicle or those whose liability limits are less than the limits of your Uninsured Motorists Coverage.

In accordance with Maryland law, your commercial automobile liability policy automatically includes Uninsured Motorists Coverage at the Financial Responsibility Limits of \$75,000 bodily injury and property damage combined single limit (CSL); or \$30,000 each person/ \$60,000 each accident for bodily injury and \$15,000 each accident for property damage unless you select higher limits of Uninsured Motorists Coverage. Higher limits of Uninsured Motorists Coverage may be purchased at an additional premium provided that the limits selected do not exceed the liability limits of the policy.

To be certain that the policy is issued with the Uninsured Motorists Coverage limits that you want, please indicate your desired coverage limits below and sign and date this form, where provided, as your indication of approval of the limits selected.

I. DISCLOSURE OF UNINSURED MOTORISTS COVERAGE PREMIUMS

Table with 2 columns: Limits Offered, Annual Premium. Rows include 30/60/15*, 75 CSL, 100 CSL, 200 CSL, 250 CSL, 300 CSL, 350 CSL, 400 CSL, 500 CSL, 600 CSL, 750 CSL, 800 CSL, 900 CSL, 1,000 CSL.

*Property Damage Uninsured Motorist Coverage is subject to a \$250 per accident deductible.

Applicant's Initials

THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER

II. OFFER OF UNINSURED MOTORISTS COVERAGE

I have had this coverage fully explained to me and I wish to purchase at Uninsured Motorists Coverage at the following limits, which do not exceed the Liability Coverage limits of my policy (**applicable item marked**

- Minimum Required by Law (select one below)
 - BI - \$30,000 per person/\$60,000 per accident; PD - \$15,000 per accident; or
 - \$75,000 combined single limit; or

- The following **HIGHER** limit of liability (not to exceed policy liability limits)
 - \$ _____ combined single limit

III. APPLICANT’S ACKNOWLEDGMENT

The undersigner(s) hereby acknowledge(s) they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Coverage. Selections have been made by checking the appropriate boxes in Section II. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

YOUR SELECTION OR REJECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.

Applicant /Named Insured: _____ Date: _____

By: _____

Title: _____

Signature of Agent of Insured: _____ Date: _____

Address: _____

WAIVER OF PERSONAL INJURY PROTECTION (PIP) COVERAGE

I hereby confirm that I have fully read and understood the attached notice, required by Section 19-506 of the Insurance Article, and I understand and agree that the Company indicated below, in reliance upon my signature as the first named insured/applicant, will NOT provide the Personal Injury Protection (PIP) coverage required by Section 19-505 and described in the attached notice provided to me with this waiver. This coverage is waived for any injury which may be sustained by:

1. Anyone listed as a named insured on the policy;
2. All drivers listed on the policy; and
3. All members of the named insured's family living in the insured's household who are 16 years of age or older.

I further understand and agree that the waiver of Personal Injury Protection (PIP) benefits under the policy being applied for waives coverage for PIP benefits for anyone described above under any other policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy, unless the individual is:

- Is the first named insured under the other policy; and
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: *(check one of the following)*

request full PIP coverage be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

affirmatively waive the benefits required by Section 19-505 of the Insurance Article (PIP). I understand and agree that this waiver of coverage shall be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

Print Name: _____
First Named Applicant/Insured

Signature: _____
Signature of First Named Applicant/Insured

Date: _____ Policy/Binder #: _____

Insurer: _____

Producer Name: _____ Producer Code: _____