

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

TENNESSEE

(To be completed and signed by Named Insured)

Name

Address

PROTECTION AGAINST UNINSURED MOTORISTS

Uninsured Motorists coverage provides protection against damages for bodily injury which an insured is legally entitled to recover from the owner or driver of a motor vehicle: 1) for which there is no insurance; 2) is a hit-and-run vehicle; 3) whose insurer becomes insolvent or denies coverage; or 4) for which the sum of the limits of liability available to the insured is less than, or reduced by payments to persons other than the insured to an amount less than, the applicable limits of Uninsured Motorists coverage provided to the insured under your policy. Your Uninsured Motorists coverage may also provide protection for property damage to either the insured vehicle or property owned by an insured while in the insured vehicle. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Tennessee, your automobile liability or motor vehicle policy shall automatically include Uninsured Motorists coverage for damages for bodily injury at the same limits as the Bodily Injury Liability policy limits, unless you reject said coverage or select lower limits, below.

If you purchase Uninsured Motorists coverage for bodily injury, we are required to provide you with the opportunity to purchase Uninsured Motorists coverage for property damage in amount not to exceed the Property Damage Liability policy limits. Property damage is subject to a \$200 deductible.

Your selection of limits for Uninsured Motorists coverage may not be less than the Minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident for bodily injury or \$15,000 each accident for property damage; or \$60,000 each accident combined single limit (CSL).

Please indicate how you wish your coverage to apply by checking the proper box and signing the space below.

- I wish to reject Uninsured Motorists coverage for bodily injury and for property damage.
- I wish to reject Uninsured Motorists property damage coverage, but I wish to select Uninsured Motorists coverage for bodily injury at Minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident; or \$50,000 each accident single limit. The Uninsured Motorists coverage limits will be either split (each person/each accident) or single limit, consistent with the Bodily Injury Liability limits on your policy.
- I wish to reject Uninsured Motorists property damage coverage, but I wish to select Uninsured Motorists coverage for bodily injury at limits equal to the Bodily Injury Liability limits.

I wish to reject Uninsured Motorists property damage coverage, but I wish to select Uninsured Motorists coverage for bodily injury in the following limit:
(Specify)

- \$100,000 each accident
- \$250,000 each accident
- \$300,000 each accident
- \$350,000 each accident
- \$500,000 each accident
- \$750,000 each accident
- \$1,000,000 each accident
- \$ _____

I wish to select Uninsured Motorists coverage for bodily injury and property damage at Minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident for bodily injury and \$15,000 each accident for property damage; or \$60,000 each accident combined single limit (CSL). The Uninsured Motorists coverage limits will be either split (each person/each accident) or combined single limit (CSL), consistent with the Liability limits on your policy.

I wish to select Uninsured Motorists coverage for bodily injury and property damage at limits equal to the Liability limits.

I wish to select both Uninsured Motorists coverage for bodily injury and property damage in the following limit:
(Specify)

- \$65,000 each accident (CSL)
- \$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 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 premium, 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