

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**VIRGINIA**

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

Uninsured and Underinsured Motorists Coverage provides protection against bodily injury or property damage caused by a driver who has no insurance coverage, is denied insurance coverage, is a hit-and-run driver or a driver of an underinsured motor vehicle. An underinsured motor vehicle is one where the total amount of bodily injury and property damage coverage applicable to the operation of the motor vehicle, and available for payment, is less than the total amount of uninsured and underinsured motorists coverage afforded any person injured as a result of the operation or use of a motor vehicle. Refer to your policy for the prevailing coverage provisions.

In accordance with the laws of Virginia, your automobile liability or motor vehicle liability policy, shall automatically include Uninsured and Underinsured Motorists Coverage at limits equal to the Bodily Injury and Property Damage Liability policy limits, unless you choose lower limits as indicated below, but not less than the Financial Responsibility Limits of \$25,000/\$50,000 for Bodily Injury, or \$20,000 for Property Damage Split Limits; or \$70,000 Combined Single Limits (CSL). School busses transporting ten or more pupils or personnel are required to maintain Financial Responsibility Limits of at least \$50,000/\$200,000 for Bodily Injury, or \$20,000 for Property Damage Split Limits.

Please make your selection below:

- I wish to select Financial Responsibility Limits. The Uninsured and Underinsured Motorists Coverage limits will be either split (each person/each accident) or combined single limit (CSL), consistent with the policy Bodily Injury and Property Damage Limits.
- I wish to select Uninsured and Underinsured Motorists Coverage at limits less than the Bodily Injury and Property Damage Liability policy limits, but greater than the Financial Responsibility Limits. (Specify)
  - \$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)
  - \$ \_\_\_\_\_

## MEDICAL EXPENSE BENEFITS AND INCOME LOSS BENEFITS

### MEDICAL EXPENSE BENEFITS

In accordance with the laws of Virginia, you have the option to purchase Medical Expense Benefits up to \$2,000 per person, covering yourself or a designated individual or for occupants of a covered auto. You may choose not to purchase this coverage or choose other limits. Please make your selection below:

I elect to purchase Medical Expense Benefits at the following limit:

\$500 per person

\$1,000 per person

\$2,000 per person

\$5,000 per person

Other limit (please specify) \$ \_\_\_\_\_ each person

Medical Expense Benefits are to apply to the following designated individual:

\_\_\_\_\_

I choose not to purchase Medical Expense Benefits.

### INCOME LOSS BENEFITS

You have the option to purchase Income Loss Benefits covering injured persons except while, in the course of their employment, they are occupying a Public or livery conveyance or commercial auto or engaged in duties incident to the repairs or servicing of autos.

I elect to purchase Income Loss Benefits for \$100 per week, not to exceed 52 weeks.

I choose not to purchase Income Loss Benefits.

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