



ARIZONA SUPPLEMENTAL APPLICATION

**MUST be completed if Auto Liability Coverage is requested**

1. Applicant Name \_\_\_\_\_

2. DBA, if any \_\_\_\_\_

**UNINSURED AND UNDERINSURED MOTORIST COVERAGE**

**DO NOT SIGN UNTIL YOU READ**

You have a legal right to purchase both Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or reject coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in amounts from \$15,000/\$30,000 up to your policy's bodily injury liability limit, or you may reject the coverages entirely.

Your Bodily Injury Limit on the Policy: \_\_\_\_\_

Options available for Uninsured and Underinsured Motorist coverages:

<u>Uninsured</u> Motorist Liability	<u>Underinsured</u> Motorist Liability
I wish to purchase <u>UN</u> insured Motorist coverage in amounts equal to the Bodily Injury Limits on my Policy	I wish to purchase <u>UNDER</u> insured Motorist coverage in amounts equal to the Bodily Injury Limits on my Policy
Premium	Premium
I wish to purchase <u>UN</u> insured Motorist coverage less than the Bodily Injury Limits on my Policy:	I wish to purchase <u>UNDER</u> insured Motorist coverage less than the Bodily Injury Limits on my Policy:
Limit      Premium	Limit      Premium
I do not wish to purchase <u>UN</u> insured motorist coverage	I do not wish to purchase <u>UNDER</u> insured motorist coverage

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE**

Signed: \_\_\_\_\_  
(Named Insured)

Date: \_\_\_\_\_

Attached to application dated: \_\_\_\_\_