



WASHINGTON SUPPLEMENTAL APPLICATION

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

1. Applicant Name

2. DBA, if any

**WASHINGTON FRAUD WARNING**

**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.**

**UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION**

In accordance with **Washington** law, Underinsured Motorist Bodily Injury (UIMBI) coverage and Underinsured Motorist Property Damage (UIMPD) coverage limits automatically equal the liability limits of the policy, however, you may select lower limits but not less than the financial responsibility limits of 25/50/10, or you may reject coverage entirely. **Unless you reject coverage, your selection will require the payment of additional premiums.** Please indicate your selection below:

**A. UIMBI & UIMPD REJECTION**

\_\_\_\_\_ (Initial) I reject **UIMBI AND UIMPD** Coverage. (If you choose this option, you need not make any other choices. Please proceed to the signature block to execute this form.)

**B. UIMBI & UIMPD SELECTION (IF YOU WANT UIMBI ONLY AND DO NOT WANT UIMPD COVERAGE, PROCEED TO SECTION C. BELOW)**

\_\_\_\_\_ (Initial) I select **UIMBI AND UIMPD** with the following coverage limits which are not greater than my policy's Liability Coverage Limits. (Please select one UIMBI split option and one UIMPD split option, **OR** one Combined Single Limit (CSL) UIMBI & UIMPD option.)

UIMBI & UIMPD SPLIT LIMITS (000)					
(Initial)	UIMBI SPLIT	(Initial)	UIMBI SPLIT	AND	(Initial) UIMPD SPLIT
_____	25/50	_____	100/100	_____	10
_____	25/100	_____	100/300	_____	25
_____	50/100	_____	250/500	_____	50
_____	60/60	_____	300/300	_____	100
_____	65/65	_____	325/325		
_____	70/70	_____	350/350		
_____	75/75	_____	500/500		
_____	80/80	_____	750/750		
_____	85/85	_____	1,000/1,000		

OR

UIMBI & UIMPD CSL LIMITS (000)	
(Initial)	CSL (UIMBI & UIMPD)
_____	60
_____	65
_____	70
_____	75
_____	80
_____	85
_____	100
_____	300
_____	325
_____	350
_____	500
_____	750
_____	1,000



**Applicant's Acknowledgement**

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Underinsured Bodily Injury Coverage and Underinsured Motorist Property Damage Coverage. Selections have been made by initialing the appropriate lines above. The undersigner further agrees that these selection(s) will apply to this policy and any future supplemental, reinstated, or renewal policy, unless an election is made in writing to change the selection(s) which is received and approved by the Company. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Underinsured Bodily Injury Coverage and Underinsured Motorist Property Damage Coverage to select or reject coverage and limits on the behalf of the named insured.

**In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.**

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

Signature of  
Applicant/Named  
Insured

**X**

Date Application Completed

**PERSONAL INJURY PROTECTION SELECTION REJECTION**

THE FOLLOWING DOES NOT APPLY TO CORPORATIONS, PARTNERSHIPS OR ANY OTHER NON-HUMAN ENTITY:  
In accordance with **Washington** law, if the applicant is an individual, your policy will contain and you will be charged for Basic Personal Injury Protection (PIP) coverage unless rejected in writing or you select higher PIP limits, which also result in the payment of additional premium. **Please indicate your selection below:**

\_\_\_\_\_ (Initial) Reject PIP Coverage;

\_\_\_\_\_ (Initial) Basic PIP (\$10,000 Medical, \$10,000 Income Loss, \$2,000 Funeral, \$5,000 Loss of Services); Or

\_\_\_\_\_ (Initial) Higher PIP Limits (\$35,000 Medical, \$35,000 Income Loss, \$2,000 Funeral, \$40 per day loss of services).

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date