



**COLORADO SUPPLEMENTAL APPLICATION**  
**MUST be completed if Auto Liability Coverage is requested**

1. Applicant Name

2. DBA, if any

**COLORADO FRAUD WARNING**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**UNINSURED MOTORIST COVERAGE SELECTION / REJECTION**

Colorado law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available with respect to Uninsured Motorists Coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage - Bodily Injury provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorist Coverage – Property Damage provides protection for the insured for damage to or destruction of a covered auto caused by an accident when the insured is legally entitled to recover from owners of uninsured motor vehicles.

Unless rejected, or unless you select higher limits that may be available, your policy must include Uninsured Motorists Coverage - Bodily Injury at limits not less than the minimum limits required by Colorado law of split limits of \$25,000 for each person, subject to \$50,000 for each accident. You may select higher limits, not to exceed your policy bodily injury liability limits. If you choose Uninsured Motorist Coverage - Bodily Injury and do not carry collision coverage, you may also select Uninsured Motorist Coverage - Property Damage. **These selections require the payment of additional premiums. Please make your selection of coverage by initialing the coverage and limit you desire and signing below:**

\_\_\_\_\_ I am **rejecting** Uninsured Motorists Coverage.  
(Initial)

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

**UNINSURED MOTORIST COVERAGE – BODILY INJURY**

\_\_\_\_\_ I am **selecting** Uninsured Motorists Coverage – Bodily Injury as indicated below.  
 (Initial)

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

(Initial)	Bodily Injury Limits	Premium per Unit
_____	25,000/50,000	67
_____	50,000/50,000	89
_____	65,000/65,000	100
_____	70,000/70,000	104
_____	75,000/75,000	107
_____	80,000/80,000	110
_____	85,000/85,000	114
_____	100,000/100,000	124
_____	250,000/250,000	187
_____	300,000/300,000	202
_____	350,000/350,000	215
_____	500,000/500,000	229
_____	750,000/750,000	242
_____	1,000,000/1,000,000	287

**UNINSURED MOTORIST COVERAGE – PROPERTY DAMAGE**

**You may not choose Property Damage without also choosing Bodily Injury. Property Damage is only available for covered autos that are not insured for Collision coverage. Property Damage is subject to a \$250 deductible.**

\_\_\_\_\_ I am **rejecting** Uninsured Motorists Coverage – Property Damage.  
 (Initial)

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

\_\_\_\_\_ I am **selecting** Uninsured Motorists Coverage – Property Damage as indicated below.  
 (Initial)

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

(Initial)	Property Damage Limits	Premium per Unit
_____	15,000	66
_____	25,000	76
_____	50,000	102
_____	100,000	154

**MEDICAL PAYMENTS COVERAGE SELECTION/REJECTION**

In accordance with Colorado Statute 10-4-635 your policy will contain Medical Payments coverage of \$5,000 unless you reject it. Medical Payments coverage is designed to provide coverage for bodily injury, sickness, or disease resulting from the ownership, maintenance, or use of a motor vehicle. Coverage will be provided at limits of \$5,000 for each person injured in an automobile accident. Additional premium is required for this coverage.

**Rejection of Medical Payments Coverage**

If you wish to reject Medical Payments Coverage, you may do so by initialing and signing below:

\_\_\_\_\_ **I reject Medical Payments Coverage.**  
**(Initials)**

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

**APPLICANT'S ACKNOWLEDGMENT**

The undersigned hereby acknowledge they have read, or have had read to them, and understand the above explanations and offers of Uninsured Motorist Coverage - Bodily Injury and Uninsured Motorist Coverage - Property Damage. Selections have been made by initialing the appropriate lines on the preceding pages. 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 - Bodily Injury and Uninsured Motorist Coverage - Property Damage 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.**

Signature of  
Applicant /Named Insured: \_\_\_\_\_ **X** Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature of  
Agent of Applicant/Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_