



IOWA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

UNINSURED AND UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION

Iowa law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage or Underinsured Motorists Coverage and your options with respect to these coverages. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declaration Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage 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 motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an auto-mobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Unless rejected, the Uninsured Motorists Coverage and Underinsured Motorists Coverage contained in your policy will be afforded at limits equal to split limits of \$20,000 for each person/\$40,000 for each accident. If you elect both Uninsured Motorists Coverage and Underinsured Motorists Coverage, both coverages must be provided at the same limits. Please indicate your selection for each coverage. By electing coverage you acknowledge the requirement of payment of additional premiums.

UNINSURED MOTORIST COVERAGE – BODILY INJURY ONLY

I am rejecting Uninsured Motorist Coverage.

I am selecting Uninsured Motorist Coverage. I understand I will be charged additional premium:

Table with 4 columns: Initial, Limit (000), Initial, Limit (000). Lists various coverage limit options from 20/40 to 100/100.

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**UNDERINSURED MOTORIST COVERAGE – BODILY INJURY ONLY**

\_\_\_\_\_ I am rejecting Underinsured Motorist Coverage.

\_\_\_\_\_ I am selecting Underinsured Motorist Coverage. I understand I will be charged additional premium:

<u>Initial</u>	<u>Limit (000)</u>	<u>Initial</u>	<u>Limit (000)</u>
_____	20/40	_____	125/125
_____	40/40	_____	150/150
_____	50/50	_____	200/200
_____	55/55	_____	250/250
_____	60/60	_____	300/300
_____	65/65	_____	350/350
_____	70/70	_____	400/400
_____	75/75	_____	500/500
_____	80/80	_____	600/600
_____	85/85	_____	750/750
_____	100/100	_____	1,000/1,000

**Applicant's Acknowledgement**

The undersigner(s) hereby acknowledge they have read, or have had read to them and understand, the above explanations and offers of Uninsured and Underinsured Motorist Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured and Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

Applicant /  
Named  
Insured: \_\_\_\_\_ **X** Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant /  
Named  
Insured: \_\_\_\_\_ **X** Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant /  
Named  
Insured: \_\_\_\_\_ **X** Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant /  
Named  
Insured: \_\_\_\_\_ **X** Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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