



ILLINOIS SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

UNINSURED MOTORIST SELECTION

Illinois Statute 215 ILCS 5/143a-2 provides that the insured's Uninsured Motorist (UM) Bodily Injury Coverage limits under the policy are equal to the amount of the Bodily Injury Liability Coverage limits unless the insured rejects UM limits in excess of those required by law (currently at least \$25,000 per person and \$50,000 per accident), or the insured makes a written request for UM limits which are less than the Bodily Injury Liability Coverage limits.

Uninsured Motorist Bodily Injury Coverage (UM) covers you or other persons insured under your policy for bodily injury caused by a hit-and-run driver or an at-fault driver who has no auto liability insurance.

Underinsured Motorist Bodily Injury (UIM) Coverage pays the difference between your UIM limits and the liability limits of the at-fault driver, if lower than your UIM limits. The law requires you to have UIM coverage at a limit equal to your UM limit provided that your UM coverage is greater than the minimum required amounts of \$25,000 per person and \$50,000 per accident.

You will be charged for this coverage. The limits selected determine the premium required. Your selection of coverage is binding on all persons insured under this policy. Please indicate your selection below. **(Your selection will remain in effect in the future unless you advise us in writing of your intent to amend this selection.)**

Split Limit Options (do not include UIM)

| <u>Initial</u> | <u>Limits (000)(per person/per accident)</u> |
|----------------|--|
| | 25/50 |

Rates for \$25,000 per person/\$50,000 per accident are for Uninsured Motorist Coverage only. **This limit does not include any Underinsured Motorist Coverage, and therefore no coverage is available for damages caused by an owner or operator of an Underinsured Motorist if this limit is selected.**

Split Limit Options (includes UIM)

| <u>Initial</u> | <u>Limits (000) (per person/per accident)</u> |
|----------------|---|
| | 50/50 |
| | 55/55 |
| | 60/60 |
| | 65/65 |
| | 70/70 |
| | 75/75 |
| | 100/100 |
| | 200/200 |
| | 300/300 |
| | 350/350 |
| | 500/500 |
| | 600/600 |
| | 750/750 |
| | 900/900 |
| | 1,000/1,000 |

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Uninsured Motorist Property Damage is not included unless selected.

UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

Illinois Statute 215 ILCS 5/143a provides that a named insured may elect Uninsured Motorist Property Damage coverage (UMPD) in the lesser of the actual cash value of the motor vehicle or \$15,000, subject to a \$250 deductible. UMPD covers damage to your vehicle caused by an identified, at-fault, uninsured driver. **This option is offered only on private passenger vehicles for which you have not purchased collision coverage.** If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different election below.

I elect Uninsured Motorist Property Damage on the following vehicles(s) that do not have collision coverage (specify year, make and model).

Vehicles

Applicant's Acknowledgement

Your coverage has been generally described. Only your policy can provide a complete description of the coverages and limitations. By undersigning, you hereby acknowledge that you understand the above explanations and offers of Uninsured and Underinsured Motorist Coverage. You have made your selections by initialing the appropriate lines on the previous page. The signature below is that of the named insured or authorization that has been given to the signer of this Offer for Uninsured and Underinsured Motorist Coverage to select or reject coverage and limits on behalf of the named insured. You also are acknowledging that your coverage selection and limit choices indicated above will apply to all future policy renewals, continuations and changes unless you are notified otherwise.

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

Applicant /Named Insured Signature: _____ Date: _____

Applicant/Named Insured Printed Name: _____

Title: _____