



INDIANA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

OFFER OF INDIANA UNINSURED/UNDERINSURED MOTORISTS COVERAGE AND SELECTION OF LIMITS OR REJECTION OF COVERAGE FORM

I. EXPLANATION OF COVERAGES

- a) Indiana Code Section 27-7-5-2 allows Uninsured and Underinsured Motorists Bodily Injury Coverage to be offered at a limit equal to the Liability Coverage in the insured's policy. It also allows Uninsured Motorists Property Damage to be offered. Under this law the insured has the right to select a limit for such coverages or to reject the coverages in their entirety.
- b) Uninsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death when legally entitled to recover from owners of uninsured motor vehicles.
- c) Underinsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death, where the limits of coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured are less than the limits for the insured's uninsured motorist coverage.
- d) Uninsured/Underinsured Motorist Coverage must be written with the same limits of liability and a change in the limits of liability for one of these coverages mandates a change in the limits for the other coverage.
- e) Uninsured Motorist Property Damage, when purchased, provides protection for insureds thereunder when legally entitled to recover for the damage to or destruction of any covered auto specifically identified in the policy from the owner or operator of an uninsured motor vehicle.

II. OFFER OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

A. In accordance with the previously mentioned Indiana Laws, the undersigned insured (**applicable item marked**):

Agrees that Uninsured/Underinsured Motorist Coverage is **REJECTED**. The Undersigned understands that this rejection will apply to this policy, any future renewals of this policy and all replacement policies issued by Canal Insurance Company or any of its affiliates.

Agrees that Uninsured/Underinsured Motorists Coverage is **SELECTED** with limits **EQUAL** to the bodily injury limits for Liability Coverage in the policy. The insured has chosen the following liability limits of

_____ (agent to complete)

Agrees that Uninsured/Underinsured Motorists Coverage is **SELECTED** with the following lower limit of liability (cannot be less than \$50,000/\$50,000):

Selection	Bodily Injury Limits each person/each accident
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$75,000
<input type="checkbox"/>	\$80,000
<input type="checkbox"/>	\$85,000
<input type="checkbox"/>	\$100,000

Selection	Bodily Injury Limits each person/each accident
<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$350,000
<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$750,000
<input type="checkbox"/>	\$1,000,000

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B. If UM/UIM was not rejected above, Uninsured Motorist Property Damage may also be selected. The undersigned insured (**applicable item marked**):

- Agrees that Uninsured Motorist Property Damage Coverage is **REJECTED**.
- Agrees that Uninsured Motorist Property Damage Coverage is **SELECTED** with limits which will not exceed any of listed UMPD limits below or the actual crash value of the covered auto, whichever is less, subject to a \$300 deductible. Indicate your selection by **marking by one** of the listed UMPD amounts:

Selection	Property Damage Limits Each Accident
<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$100,000

Applicant's Initials

III. APPLICANT'S ACKNOWLEDGMENT

The undersigner(s) hereby acknowledge(s) they have read, or have had read to them and understand, the above explanations and offers of Uninsured/Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage. Selections have been made by checking the appropriate boxes in Section IV. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured/Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage 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 **X** _____ Signature of Agent of Applicant **X** _____

Date Application Completed _____ Address of Agent _____
