



KENTUCKY SUPPLEMENTAL APPLICATION
MUST be completed if Auto Liability Coverage is requested

- INSURANCE COMPANY
INDEMNITY COMPANY

1. Applicant Name

2. DBA, if any

KENTUCKY FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

UNINSURED & UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist (UM) Coverage provides insurance for the protection of insured persons who are legally entitled to recover damages for bodily injury, sickness or disease including death resulting therefrom from the owner(s) or operator(s) of uninsured motor vehicles and hit and run motor vehicles whose owner or operator cannot be identified.

The laws of Kentucky require that all motor vehicle liability insurance policies contain UM coverage with limits of at least \$25,000 per person/\$50,000 per accident unless UM Coverage is rejected by the named insured. You may elect to purchase UM limits up to the bodily injury liability limits of your policy. Available limits are listed below. Please initial the line next to the option you select.

I REJECT Uninsured Motorists Coverage entirely. I understand that NO Uninsured Motorists Coverage will be available to compensate persons insured under this policy for losses arising from an accident caused by the owner or operator of an "uninsured motor vehicle."

(Initial)

Signature of Applicant/Named Insured

Date

I SELECT Uninsured Motorists Coverage in the limits selected below. I understand that purchasing this coverage requires payment of an additional premium:

(Initial)

Date

Table with 2 columns: Initial, Limits (\$ per person/ \$ per accident). Lists various coverage limit options from \$25,000/\$50,000 to \$1,000,000/\$1,000,000.

THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER

UNDERINSURED MOTORIST (UIM) COVERAGE provides protection for bodily injury or death caused by an underinsured motorist who is legally responsible for an accident. An underinsured motorist is one whose liability insurance limit is less than the amount of your underinsured motorist coverage limit and whose liability coverage is inadequate to cover the bodily injury losses you are entitled to recover as damages.

UIM coverage is **optional** and available to you upon request. If purchased, the limits for UIM coverage must be the same as the limits you selected for UM coverage. You also have the option to reject UIM Coverage entirely.

I **REJECT** Underinsured Motorists Coverage entirely. I understand that **NO Underinsured Motorists Coverage will be available** to compensate persons insured under this policy for losses arising from an accident caused by the owner or operator of an "underinsured motor vehicle."

(Initial)

Signature of Applicant/Named Insured

Date

I **SELECT** Underinsured Motorists Coverage with the same limit as Uninsured Motorists Coverage.

(Initial)

Date

PERSONAL INJURY PROTECTION (PIP)

Basic No-Fault Personal Injury Protection (PIP) must be provided on every auto in the state of Kentucky unless rejected in writing and the rejection is filed with the Kentucky Department of Insurance. Basic PIP provides for Medical Expense, Work Loss, Replacement Loss Services, Survivor's Economic Loss and Funeral Expense. Unless rejected, the law provides that your policy contain Basic Reparation Benefits of \$10,000 and limitations on your right to sue.

NOTE: Any individual who wants to REJECT PIP in its entirety must complete the Kentucky No-Fault Rejection Form promulgated by the Kentucky Department of Insurance [No Fault Rejection Form NF-1 (a)(b)(b) P&C 9/2004]. The rejection must be in writing and must be filed with the Department of Insurance before it is effective. If all members of a household reject the limitations on their rights to sue and be sued, Guest PIP coverage must be included on the insurance policy to provide Basic PIP benefits to guest passengers and pedestrians. Liability premiums may be higher due to no-fault rejection, since others will have the same right to sue the rejector for injuries which do not reach the thresholds KRS 304.39-060(8). Ask your agent for further details.

To purchase PIP, please initial the limit the line next to the option you select, below:

Initial	Limit		Deductible
_____	10,000	Basic Reparation Benefit	None
_____	10,000	Basic Reparation Benefit	250
_____	10,000	Basic Reparation Benefit	500
_____	10,000	Basic Reparation Benefit	1,000

If Basic PIP is purchased, Added Personal Injury Protection is also available for an additional premium. The limits for Added Personal Injury Protection apply in excess of the limits provided by Basic PIP. If you would like to purchase Added Personal Injury Protection Coverage, please initial the limit the line next to the option you select, below:

Initial	Limit		Deductible
_____	10,000	Additional Personal Injury Protection	None
_____	20,000	Additional Personal Injury Protection	None
_____	30,000	Additional Personal Injury Protection	None
_____	40,000	Additional Personal Injury Protection	None

Applicant's Initials

APPLICANT'S ACKNOWLEDGMENT

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Coverage, Underinsured Motorist Coverage and Personal Injury Protection 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 Motorist Coverage, Underinsured Motorist Coverage and Personal Injury Protection Coverage to select or reject coverage and limits on the behalf of the named insured.

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____
