



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

1. Applicant Name

2. DBA, if any

**OWNERS OF VEHICLES UNDER 20,000 GVW**  
**UNINSURED MOTORIST (UM) & UNDERINSURED MOTORIST (UIM) SELECTION**

Uninsured motorist provides you coverage for a bodily injury claim you would have against another driver who does not have insurance. This coverage does not pay for property damage to your vehicle. Underinsured motorist provides you coverage for a bodily injury claim you would have against another driver whose liability coverage is less than your underinsured coverage. Underinsured motorist coverage must be equal to the uninsured motorist coverage.

In accordance with the laws of **North Dakota**, if you own at least one vehicle with a GVW under 20,000 Lbs. your policy will contain and you will be charged for basic UM of 25/50. You may elect to increase these limits up to that of your bodily injury (BI) liability limits, subject to 100/300 maximum.

**Please make your selection below if choosing higher limits:**

Initial	Limits (000)	
_____ Included _____	25/50	(UM Only)
_____	50/100	(UM/UIM)
_____	100/100	(UM/UIM)
_____	100/300	(UM/UIM)

**I certify that I have made my selection of Uninsured Motorist Coverage**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OWNERS OF VEHICLES 20,000 GVW AND OVER**  
**UNINSURED MOTORIST (UM) & UNDERINSURED MOTORIST (UIM) COVERAGE**

In accordance with the laws of **North Dakota** you are not required to purchase Uninsured Motorists Coverage but may do so if you wish.

Initial	Limits (000)	
_____	25/50	(UM Only)
_____	50/100	(UM/UIM)
_____	100/100	(UM/UIM)
_____	100/300	(UM/UIM)

\_\_\_\_\_ I have chosen not to purchase UM/UIM coverage.

**I certify that all the vehicles I own have a GVW of 20,000 and over.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL INJURY PROTECTION (PIP)**

Personal Injury Protection or PIP provides you coverage for economic loss (such as medical expenses and work loss) as a result of an accidental injury in your auto without regard to fault. Also known as Basic No-Fault, PIP is included in your policy in minimum limits of \$30,000. You may also elect to purchase excess PIP.

Initial	Coverage	Limits	Total
<u>Included</u>	Basic	30,000	30,000
<u>                    </u>	Excess	20,000	50,000
<u>                    </u>	Excess	50,000	80,000

**I certify that I have made my selection of Personal Injury Protection Coverage.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant's Acknowledgement**

The undersigner hereby acknowledges he/she has read, or has had read to him/her and understands the above explanations and offers of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection. 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/Underinsured Motorist Coverage and Personal Injury Protection to select coverage and limits on behalf of the named insured.

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

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

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