



NEVADA SUPPLEMENTAL APPLICATION

**MUST be completed if Auto Liability Coverage is requested**

1. Applicant Name \_\_\_\_\_

2. DBA, if any \_\_\_\_\_

**UNINSURED / UNDERINSURED MOTORIST PROTECTION SELECTION / REJECTION**

Uninsured/Underinsured Motorist Protection coverage protects the named insured, the named insured's resident relatives and occupants in the insured vehicle for bodily injury or death in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured). The laws of **Nevada** require Uninsured/Underinsured Motorist Coverage be offered at a limit up to the bodily injury liability limit of your policy or you may reject it entirely. **Selections that show an asterisk (\*) require the payment of additional premium.** Please indicate your selection below.

Reject  25/50\*  Other, up to maximum of BI Liability Limits specify)\* \_\_\_\_\_

**MEDICAL PAYMENTS COVERAGE**

Section 687B.145 requires that Medical Payments Coverage be offered in an amount of at least \$1,000 or at a higher amount if the minimum limit offered by an insurer is greater than \$1,000. You may accept or reject this offer. Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Medical Payments Coverage. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

The undersigned hereby rejects Medical Payments Coverage entirely.  
The undersigned understands and agrees that the provisions of Medical Payments Coverage will not be included in the policy issued.

- OR -

Medical Payments Coverage to be written at the limits of:

- \$1,000
- \$2,000
- \$5,000

(Until you advise us otherwise in writing, your choice as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.)

Date Application Completed \_\_\_\_\_

Printed Name of Applicant  X  \_\_\_\_\_

Signature of Applicant  X  \_\_\_\_\_

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