



P.O. Box 7, Greenville, SC 29602
(864) 242-5365

TENNESSEE SUPPLEMENTAL APPLICATION
MUST be completed in conjunction with Form A-101
only if Auto Liability Coverage is requested

1. Applicant Name _____

2. DBA, if any _____

Tennessee Fraud Warning

NOTICE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Uninsured Motorist Selection / Rejection

In accordance with **Tennessee** Statute 56-7-1201, your policy will contain Uninsured Motorist Bodily Injury Liability limits equal to the Bodily Injury Liability limit or Combined Single Limit of the policy unless you reject it or select lower limits. If you purchase bodily injury uninsured motorist coverage you may also purchase property damage uninsured motorist coverage in amounts from \$15,000 up to your property damage liability limits (subject to a \$200 deductible). Your selection or rejection of coverage is binding on all persons insured under this policy. The selections that show an asterisk (*) require payment of additional premium. Please indicate your selection below:

SPLIT LIMITS
BODILY INJURY
UNINSURED MOTORIST PROTECTION

- Reject
- 25/50 *
- Other (Specify)* _____
(Not to exceed BI Liability Limits)

COMBINED SINGLE LIMIT
BODILY INJURY AND PROPERTY DAMAGE
UNINSURED MOTORIST PROTECTION

- Reject
- 65,000 *
- Other (Specify)* _____
(Not to exceed Policy Limits)

PROPERTY DAMAGE
UNINSURED MOTORIST PROTECTION
(must be rejected if UM BI is rejected)

- Reject
- \$15,000 *
- Other (Specify)* _____
(Not to exceed PD Liability Limits)

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____

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