CANAL

☐ INSURANCE COMPANY

VERMONT SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

VERMONT FRAUD WARNING

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

UNINSURED MOTORIST COVERAGE SELECTION

Uninsured Motorists Bodily Injury (UMBI) Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom. Uninsured motor vehicles include an insured motor vehicle where the liability insurer thereof is unable to make payment with respect to the legal liability of its insured because of insolvency.

Uninsured Motorists Property Damage (UMPD) Coverage covers loss or damage to the insured vehicle that arises out of the operation, maintenance or use of an uninsured vehicle. The limit for this coverage is $10,000, subject to a deductible of $150. This deductible does not apply to the following:

1. Property damage to the insured vehicle if there is valid and collectible physical damage coverage applicable to that property damage under this or any other policy; or
2. Indirect damage to any property of the insured.

Your policy will contain UMBI equal to your policy's Bodily Injury (BI) liability limits unless you reject and select another option. You may select lower limits but not less than limits of $50,000 per person, subject to $100,000 per accident. Property Damage is provided to conform with 23 V.S.A. 941(a) with a $10,000 limit subject to a $150 deductible. The limits selected determine any additional premium required. **Please indicate your selection below:**

☐ Select UM limits to match my Bodily Injury Liability Limits.

☐ Reject higher limits and request UM limits of 50/100

☐ Reject higher limits and request UM limits of _____
(May not exceed BI liability limits)

Date Application Completed _____ Signature of Agent of Applicant _____

Signature of Applicant _____ **X** Address of Agent _____

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