



WEST VIRGINIA SUPPLEMENTAL APPLICATION
MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

WEST VIRGINIA FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

UNINSURED/UNDERINSURED MOTORIST COVERAGE - The laws of the State of West Virginia require that we make available optional limits of uninsured and underinsured motorist coverage. Please complete the Uninsured & Underinsured Motorists Coverages form and submit it with this application.

UNINSURED & UNDERINSURED MOTORISTS COVERAGES

Split Limits - Form A

Combined Single Limits - Form B

Complete and Return Through Your Insurance Agent

IMPORTANT NOTICE

OFFER VOID AFTER THIRTY (30) DAYS

TO: PROPOSED POLICYHOLDERS (APPLICANT):

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOU HAVE DECIDED NOT TO BUY OPTIONAL UNDERINSURED COVERAGES OR OPTIONAL LIMITS OF UNINSURED MOTORIST COVERAGE ABOVE THAT REQUIRED BY LAW.

OR

PRESENT POLICYHOLDERS:

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

UNINSURED MOTOR VEHICLE COVERAGE

The State of West Virginia requires that you purchase **UNinsured** motor vehicle coverage with limits not less of \$25,000 per person, \$50,000 per accident for uninsured bodily injury losses, and \$25,000 for uninsured property losses. The law also requires that you be given the opportunity to purchase higher limits.

Uninsured Motor Vehicle Coverage will protect you and passengers in your car if you are injured in an accident that was caused by an uninsured driver who was at-fault, or an unidentified driver who was at-fault.

UNDERINSURED MOTOR VEHICLE COVERAGE

The State of West Virginia **does not require** you to purchase **UNDERinsured** motor vehicle coverage. However, the law does state that you must be given the opportunity to purchase this coverage at limits as high as your liability coverage.

If you and passengers in your car are involved in an accident in which the other driver is legally at fault, the at-fault driver's insurance policy has the obligation to pay for your damages. It is not uncommon that the at-fault driver will not have enough liability insurance to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, **UNDERinsured motor vehicle coverage** is available to you. This type of coverage will pay for the remainder of your damages up to your policy limits.

EXAMPLE:

You have purchased **UNDERinsured** motor vehicle coverage with limits of \$50,000 per person with a maximum of \$100,000 for any accident. You are in an accident where the other driver is at fault. The at-fault driver's liability policy limits are \$25,000 per person. You suffered damages of \$30,000. You receive \$25,000 from the at-fault driver's insurance. Since you still have outstanding losses of \$5,000, you can receive \$5,000 from your **UNDERinsured** motor vehicle coverage.

If you do not have **UNDERinsured motor vehicle coverage**, you may have found yourself in a situation where you did not have enough coverage to meet all of the losses you sustained in the accident.

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

UNINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates include do not include multi-car discount.

Below are different limits and the _____ **month premium** available to you.

MANDATORY OFFERS (initial offer [A] represents limits no less than liability coverage):

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium		SELECT ONE*
			Single Rate	Multi Rate	
\$ _____	\$ _____	\$ _____	[A] \$ _____	[A] _____	<input type="checkbox"/>
\$ 100,000	\$ 300,000	\$ 50,000	[B] \$ 130 116	[B] _____	<input type="checkbox"/>
OPTIONAL OFFERS:					
\$ 25,000	\$ 50,000	\$ 25,000	[C] \$ 64 57	[C] _____	<input type="checkbox"/>
\$ 50,000	\$ 100,000	\$ 25,000	[D] \$ 87 78	[D] _____	<input type="checkbox"/>
\$ 250,000	\$ 500,000	\$ 100,000	[E] \$ 191 171	[E] _____	<input type="checkbox"/>
\$ 500,000	\$ 1,000,000	\$ 100,000	[F] \$ 286 257	[F] _____	<input type="checkbox"/>

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limit is requested.

I have read the IMPORTANT NOTICE, attached, on UNinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

UNDERINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates include do not include multi-car discount.

Below are different limits and the _____ **month premium** available to you.

MANDATORY OFFERS (limits no less than liability coverage):

<u>Bodily Injury Per Person</u>	<u>Bodily Injury Per Accident</u>	<u>Property Damage</u>	<u>Premium Single Rate</u>	<u>Multi Rate</u>	SELECT ONE*
\$ _____	\$ _____	\$ _____	[A] \$ _____		[A] <input type="checkbox"/>

OPTIONAL OFFERS:

\$ <u>25,000</u>	\$ <u>50,000</u>	\$ <u>25,000</u>	[B] \$ <u>64</u> <u>57</u>	[B] <input type="checkbox"/>
\$ <u>50,000</u>	\$ <u>100,000</u>	\$ <u>25,000</u>	[C] \$ <u>87</u> <u>78</u>	[C] <input type="checkbox"/>
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>50,000</u>	[D] \$ <u>130</u> <u>116</u>	[D] <input type="checkbox"/>
\$ <u>250,000</u>	\$ <u>500,000</u>	\$ <u>100,000</u>	[E] \$ <u>191</u> <u>171</u>	[E] <input type="checkbox"/>
\$ <u>500,000</u>	\$ <u>1,000,000</u>	\$ <u>100,000</u>	[F] \$ <u>286</u> <u>257</u>	[F] <input type="checkbox"/>
<u>REJECT</u>	<u>REJECT</u>	<u>REJECT</u>	<u>REJECT</u>	<input type="checkbox"/> I REJECT

*A named insured or applicant must complete the selection part of this form in her or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limit is requested.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

_____ X
SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

UNINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates include do not include multi-car discount.

Below are different limits and the _____ **month premium** available to you.

MANDATORY OFFERS (initial offer [A] represents limits no less than liability coverage):

	Single Limit	Premium		SELECT ONE*
		Single Rate	Multi Rate	
	\$ _____	[A] \$ _____		[A] <input type="checkbox"/>
OPTIONAL OFFERS:	\$ 350,000	[B] \$ 368 331		[B] <input type="checkbox"/>
	\$ 75,000	[C] \$ 112 101		[C] <input type="checkbox"/>
	\$ 80,000	[D] 117 106		[D] <input type="checkbox"/>
	\$ 85,000	[E] 124 111		[E] <input type="checkbox"/>
	\$ 100,000	[F] \$ 140 126		[F] <input type="checkbox"/>
	\$ 200,000	[G] \$ 230 207		[G] <input type="checkbox"/>
	\$ 300,000	[H] \$ 308 276		[H] <input type="checkbox"/>
	\$ 500,000	[I] \$ 428 385		[I] <input type="checkbox"/>
	\$ 600,000	[J] \$ 467 419		[J] <input type="checkbox"/>
	\$ 750,000	[K] \$ 505 454		[K] <input type="checkbox"/>
	\$ 900,000	[L] \$ 544 489		[L] <input type="checkbox"/>
	\$ 1,000,000	[M] \$ 563 506		[M] <input type="checkbox"/>

*A named insured or applicant must complete the section part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding all persons covered under the policy. The selected limit applies until a change in the limit is requested.

I have read the **IMPORTANT NOTICE**, attached, on UNinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select the limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.

_____ X _____
 SIGNATURE OF A NAMED INSURED OR APPLICANT DATE
THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER
 Form A-101 WV SUPP Page 5 of 6 (9-2017)

UNDERINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates include do not include multi-car discount.

Below are different limits and the _____ **month premium** available to you.

MANDATORY OFFER (limit no less than liability coverage):

	Single Limit	Premium		SELECT ONE*
		Single Rate	Multi Rate	
OPTIONAL OFFERS:	\$ _____	[A] \$ _____	[A] _____	<input type="checkbox"/>
	\$ 75,000	[B] \$ 112 101	[B] _____	<input type="checkbox"/>
	\$ 80,000	[C] 117 106	[C] _____	<input type="checkbox"/>
	\$ 85,000	[D] 124 111	[D] _____	<input type="checkbox"/>
	\$ 100,000	[E] \$ 140 126	[E] _____	<input type="checkbox"/>
	\$ 200,000	[F] \$ 230 207	[F] _____	<input type="checkbox"/>
	\$ 300,000	[G] \$ 308 276	[G] _____	<input type="checkbox"/>
	\$ 350,000	[H] \$ 368 331	[H] _____	<input type="checkbox"/>
	\$ 500,000	[I] \$ 428 385	[I] _____	<input type="checkbox"/>
	\$ 600,000	[J] \$ 467 419	[J] _____	<input type="checkbox"/>
	\$ 750,000	[K] \$ 505 454	[K] _____	<input type="checkbox"/>
	\$ 900,000	[L] \$ 544 489	[L] _____	<input type="checkbox"/>
	\$ 1,000,000	[M] \$ 563 506	[M] _____	<input type="checkbox"/>
	REJECT	REJECT	<input type="checkbox"/> I REJECT	

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

_____ X
SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

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