



MONTANA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

UNINSURED & UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION

Montana law requires us to offer you the opportunity to purchase Uninsured Motorist Coverage. If you elect to purchase Uninsured Motorist Coverage, an additional premium will be charged. You have the right to make certain decisions regarding Uninsured Motorist Coverage. This document briefly describes this coverage and the options available. You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorist Coverage and your options with respect to the same. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorist Coverage provides compensation if you or others insured under the policy are injured or killed as a result of a motor vehicle accident due to the negligence or fault of the owner or operator of an uninsured motor vehicle. Underinsured Motorist Coverage provides compensation if you or another insured under the policy are in an accident and the limits available under the at-fault driver's bodily injury liability limits are less than the amount needed to fully compensate the insured for their damages.

Based on the premium paid, only **Non-Stacked** Uninsured Motorist Coverage and **Non-Stacked** Underinsured Motorist Coverage are provided. **Non-Stacked** coverage means that, regardless of the number of covered autos, insureds, or vehicles involved in an accident, the most the Company will pay for all damages resulting from any one accident will be the Limit of Insurance for Uninsured Motorist Coverage or Underinsured Motorist Coverage shown in the Declarations Page(s) and/or Schedule of Coverages and Covered Autos.

As the duly authorized representative of the Named Insured, you have the right to reject Uninsured and/or Underinsured Motorist Coverage, or select limits equal to or less than the limit of bodily injury liability coverage available under the policy.

Unless rejected, Uninsured Motorists Coverage and Underinsured Motorists Coverage will each be afforded at limits at least equal to split limits of \$25,000 for each person subject to \$50,000 for each accident, but you may select optional higher limits. Please indicate your selection below:

UNINSURED MOTORIST COVERAGE SELECTION / REJECTION

I am **REJECTING** Uninsured Motorist Coverage in its entirety for myself and for all other insureds under the policy. I understand that Uninsured Motorist Coverage would provide compensation if I or other insureds under the policy are injured or killed in an accident that is the result of the negligence or fault of the owner or operator of an uninsured motor vehicle.

(Initial)

I am selecting to purchase **Non-Stacked** Uninsured Motorist Coverage. I understand that I will be charged an additional premium for this coverage. I have indicated my limit selection for **Non-Stacked** Uninsured Motorist Coverage by initialing next to my selection on the next page.

(Initial)

| <u>Initial</u> | <u>Limit</u> | <u>Initial</u> | <u>Limit</u> |
|----------------|-------------------|----------------|-----------------------|
| | 25,000 / 50,000 | | 250,000 / 500,000 |
| | 50,000 / 50,000 | | 300,000 / 300,000 |
| | 50,000 / 100,000 | | 350,000 / 350,000 |
| | 60,000 / 60,000 | | 400,000 / 400,000 |
| | 100,000 / 100,000 | | 500,000 / 500,000 |
| | 125,000 / 125,000 | | 600,000 / 600,000 |
| | 150,00 / 150,000 | | 750,000 / 750,000 |
| | 200,000 / 200,000 | | 1,000,000 / 1,000,000 |
| | 250,000 / 250,000 | | |

UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION

I am **REJECTING** Underinsured Motorist Coverage in its entirety for myself and for all other insureds under the policy. I understand that Underinsured Motorist Coverage would provide compensation if I or other insureds under the policy are injured or killed in an accident that is the result of the negligence or fault of the owner or operator of an underinsured motor vehicle.

(Initial)

I am selecting to purchase **Non-Stacked** Underinsured Motorist Coverage. I understand that I will be charged an additional premium for this coverage. I have indicated my limit selection **Non-Stacked** Underinsured Motorist Coverage by initialing next to my selection below.

(Initial)

| <u>Initial</u> | <u>Limit</u> | <u>Initial</u> | <u>Limit</u> |
|----------------|-------------------|----------------|-----------------------|
| | 25,000 / 50,000 | | 250,000 / 500,000 |
| | 50,000 / 50,000 | | 300,000 / 300,000 |
| | 50,000 / 100,000 | | 350,000 / 350,000 |
| | 60,000 / 60,000 | | 400,000 / 400,000 |
| | 100,000 / 100,000 | | 500,000 / 500,000 |
| | 125,000 / 125,000 | | 600,000 / 600,000 |
| | 150,00 / 150,000 | | 750,000 / 750,000 |
| | 200,000 / 200,000 | | 1,000,000 / 1,000,000 |
| | 250,000 / 250,000 | | |

Applicant's Acknowledgement

The undersigned hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Coverage. Selections have been made by initialing the appropriate lines above. The signature on this form and payment of related premium evidences the actual knowledge and understanding of the availability of coverage as well as the limits selected. The signature appearing below is that of the Named Insured or authorization has been given to the signer of this document to select or reject coverage Uninsured Motorist Coverage and limits on the behalf of the named insured.

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

Applicant /Named Insured: _____ Date: _____
By: _____
Title: _____

Signature of Agent of Insured: _____ Date: _____
Address: _____
