CANAL

☐ INSURANCE COMPANY
☐ INDEMNITY COMPANY

WISCONSIN SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

MEDICAL PAYMENTS COVERAGE

In accordance with Wisconsin statute 632.32, Medical Payments coverage of $1,000 must be offered on any application for automobile liability insurance. **Additional premium required if accepted.** Please indicate your selection or rejection:

☐ ACCEPT - I accept Medical Payments Coverage of:

- ☐ $1,000 (Minimum Limit)
- ☐ $ _____ (Other)

☐ REJECT - I understand that if I reject this coverage it will not be offered on a renewal policy unless I request it in writing.

UNINSURED MOTORIST COVERAGE

In accordance with Wisconsin statutes, your policy automatically contains uninsured motorist bodily injury limits of $25,000 per person and $50,000 per accident. Uninsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death when legally entitled to recover from owners of uninsured motor vehicles. **Additional premium required if any limit over the minimum is selected**: Please indicate your selection:

- ☐ $25,000 / $50,000 (Minimum Limit)
- ☐ $_____ (Other)

UNDERINSURED MOTORIST COVERAGE

In accordance with Wisconsin statutes, we are required to advise you of the availability of Underinsured Motorist Coverage. This coverage becomes involved if you and passengers in your vehicle are involved in an accident in which the other driver is legally at fault and does not have enough liability insurance to pay for all bodily injury damages you have suffered. Underinsured Motorist Coverage will pay for the remainder of your bodily injury damages up to your policy limits. If selected, you must purchase minimum limits of $50,000 per person and $100,000 per accident. If rejected, any subsequent request for Underinsured Motorist Coverage must be in writing. **Additional premium required if accepted.** Please indicate your selection or rejection:

☐ ACCEPT:

- ☐ $50,000 / $100,000 (Minimum Limit)
- ☐ $ _____ (Other)

☐ REJECT

PENALTY NOTICE

IF YOU CANCEL THE POLICY PRIOR TO ITS NORMAL EXPIRATION, YOU MAY PAY A SUBSTANTIAL PENALTY.

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APPLICANT'S ACKNOWLEDGMENT

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Coverage and Underinsured Motorist Coverage. Selections have been made by checking the appropriate boxes above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Coverage and Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

Date Application Completed _____

Signature of Applicant _____ **X**

Signature of Agent of Applicant _____

Address of Agent _____

_____

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