

# COMMERCIAL AUTOMOBILE APPLICATION SUPPLEMENT

## MAINE

(To be completed and signed by the Named Insured)

Name	Policy Number
------	---------------

FOR MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

### UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists (UM) insurance provides protection for damages as a result of bodily injury caused by a negligent motorist who has no insurance. Underinsured Motorists (UIM) insurance provides protection if a negligent motorist does not have enough liability insurance to pay for the damages caused.

You have the right to select Uninsured/Underinsured Motorists coverage with a limit equal to your bodily injury limit of liability or select a lower limit. You may not select a limit lower than the minimum limit required by law (\$100,000). Please indicate your choice below.

- I want to select Uninsured/Underinsured Motorists coverage at the limit equal to my policy's bodily injury limit of liability.
- I want to select Uninsured/Underinsured Motorists coverage at a minimum limit of \$100,000.
- I want to select Uninsured Motorists coverage at a limit lower than my policy's bodily injury limit of liability (but not lower than the minimum limit of \$100,000). I understand I am rejecting the increased limits coverage. I want a limit of \$\_\_\_\_\_

---

I understand that I have the right to purchase Uninsured/Underinsured Motorists with limits equal to my policy's bodily injury limit of liability. In response to this offer, I have indicated my selection of limits above.

I understand that my coverage selection or rejection shall apply on this policy, and all future renewals, until I notify the Northland Insurance Company **IN WRITING** of any changes.

---

Signature of Named Insured

---

Date

---

Signature of Agent

---

Date

# COMMERCIAL AUTOMOBILE APPLICATION SUPPLEMENT

## VERMONT

(To be completed and signed by the Named Insured)

Name	Policy Number
------	---------------

FOR MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

### UNINSURED/UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY

Uninsured Motorists - Bodily Injury (UM-BI) insurance provides protection for damages as a result of bodily injury caused by a negligent motorist who has no insurance. Underinsured Motorists - Bodily Injury (UIM-BI) insurance provides protection if a negligent motorist does not have enough liability insurance to pay for the damages caused.

You have the right to select Uninsured/Underinsured Motorists bodily injury coverage with a limit equal to your bodily injury limit of liability or select a lower limit. You may not select a limit lower than the minimum limit required by law (\$100,000). Please indicate your choice below.

- I want to select Uninsured/Underinsured Motorists bodily injury coverage at a minimum limit of \$100,000.
- I want to select Uninsured/Underinsured Motorists bodily injury coverage at the limit equal to my policy's bodily injury limit of liability.
- I want to select Uninsured/Underinsured Motorists bodily injury coverage at a limit lower than my policy's bodily injury limit of liability (but not lower than the minimum limit of \$100,000). I understand I am rejecting the increased limits coverage. I want a limit of \$\_\_\_\_\_

### UNINSURED MOTORISTS - PROPERTY DAMAGE

Uninsured Motorists - Property Damage insurance provides protection for damages as a result of damage to your auto caused by a negligent motorist who has no insurance to pay for the damages caused. This coverage is subject to a maximum limit of \$10,000 and a \$150 deductible.

This coverage must be provided on every motor vehicle and will be included in your policy.

---

I understand that I have the right to purchase Uninsured/Underinsured Motorists bodily injury coverage with limits equal to my bodily injury limit of liability. In response to this offer, I have indicated my selection of limits above.

I understand that my coverage selection or rejection shall apply on this policy, and all future renewals, until I notify the Northland Insurance Company **IN WRITING** of any changes.

---

Signature of Named Insured

---

Date

---

Signature of Agent

---

Date