

SUPPLEMENTAL APPLICATION COMMERCIAL AUTOMOBILE UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE MISSOURI



The Uninsured Motorists law of Missouri requires that Uninsured Motorists Bodily Injury Coverage be provided at a limit equal to the state's Financial Responsibility law, unless the auto: (1) is a motor vehicle designed or regularly used for carrying freight and merchandise, or more than eight passengers but not including vanpools or shuttle buses; or (2) is part of a fleet of five or more passenger vehicles belonging to an employer. For autos that qualify under either (1) or (2), Missouri's Uninsured Motorists law requires that Uninsured Motorists Bodily Injury Coverage be offered at a limit equal to the state's Financial Responsibility law. You may purchase Uninsured Motorists Bodily Injury Coverage up to your policy's Liability Insurance limit.

Underinsured Motorists Bodily Injury Coverage is not required by law. You may purchase an Underinsured Motorists Bodily Injury Coverage up to your policy's Liability Insurance Limit. If you purchase Underinsured Motorists Bodily Injury Coverage, it must be at the same limit as your Uninsured Motorists Bodily Injury Coverage.

Please study this sheet carefully to help you decide what coverage you need to fulfill your insurance requirements.

UNINSURED MOTORISTS BODILY INJURY COVERAGE

Applies to: All motor vehicles covered by your policy.

Covers: You, if you are an individual named insured;
Relatives living with you; and
Other people in your motor vehicle.

Benefits: Uninsured Motorists Bodily Injury Coverage pays benefits for bodily injury or death caused by an uninsured driver or a hit-and-run who is legally responsible for the accident.

Limit: We recommend a limit equal to the Liability Insurance limit you have chosen for your policy. Protection you select for yourself and occupants of your motor vehicle should equal the protection you provide others. Optional limits are available, but they cannot exceed the Liability Insurance limit of your policy.

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

Applies to: All motor vehicles covered by your policy.

Covers: You, if you are an individual named insured;
Relatives living with you; and
Other people in your motor vehicle.

Benefits: Underinsured Motorists Bodily Injury Coverage pays for bodily injury or death caused by an insured driver whose bodily injury liability limit is less than the amount of your Underinsured Motorists coverage limit and is inadequate to cover the bodily injury losses you are entitled to recover as damages.

Limit: Underinsured Motorists Bodily Injury Coverage is only available with Uninsured Motorists Bodily Injury Coverage. However, Underinsured Motorists Bodily Injury Coverage is optional so you may purchase only Uninsured Motorists Bodily Injury Coverage. If you select both coverages the limits must be equal. We recommend you purchase this coverage.

PLEASE CONTACT YOUR HARTFORD AGENT OR BROKER IF YOU HAVE QUESTIONS ABOUT YOUR COVERAGE OPTIONS

Please be sure to read, fill out, sign and return this Supplemental Application to your Hartford agent or broker if you wish to elect an optional Uninsured Motorists Bodily Injury Coverage limit or to elect Underinsured Motorists Bodily Injury Coverage. The choice you make will apply to any policy which renews, changes, supercedes, or replaces your existing policy or to any policy for which you may be applying, unless you request a change to your coverage in writing.

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Please write my policy with the option indicated below:

- I want both Uninsured Motorists and Underinsured Motorists Bodily Injury Coverage.
- I want Uninsured Motorists Bodily Injury Coverage only.
- I do not want Uninsured Motorists Bodily Injury Coverage and my auto(s) are either:
(1) designed or regularly used to carry freight and merchandise, or more than eight passengers but not including vanpools or shuttle buses; or (2) part of a fleet of five or more passenger vehicles belonging to an employer.

Please write my policy with the limit I have checked:

- Minimum amount available in Missouri
- Maximum amount available
(Limit equal to my Liability Insurance limit)
- The following specific amount \$ _____
(May not exceed your Liability Insurance limit)

Named Insured (s):

Named Insured's
Signature: _____ Date _____

Producer _____

Policy Number _____