

MASSACHUSETTS UNINSURED MOTORISTS SUPPLEMENTAL APPLICATION

The following is a general description of Uninsured and Underinsured Motorists Coverage. Only your policy provides you with a complete description of the coverages and their limitations.

UNINSURED MOTORISTS COVERAGE (UM)—this coverage provides you and all covered persons with bodily injury protection if injured in an accident with a driver who has no liability insurance, or has failed to post a bond, and who is legally liable for your damages. The coverage also provides protection if you are injured as a result of a hit-and-run accident.

UNDERINSURED MOTORISTS COVERAGE (UIM)—this coverage provides you and all covered persons with bodily injury protection if injured in an accident with a driver who has liability insurance with limits lower than the Underinsured Motorists limits you have selected and who is legally liable for damages. In this case, your Underinsured Motorists Coverage would pay for damages, to which you are legally entitled, after the other driver's liability limits are exhausted.

Courts in many states have held that UM/UIM coverages are valuable coverages which are available for a relatively modest premium.

Protection against uninsured/underinsured motorists insurance will be afforded at a limit not less than the financial responsibility requirements of this state. You have the option to select limits up to the bodily injury liability limits of the policy. Underinsured Motorists Coverage is an optional coverage.

I reject Underinsured Motorists Coverage and select Uninsured Motorists Coverage limits of
of \$ _____

I select Uninsured and Underinsured Motorists coverage at the following limits:

Uninsured Motorists Coverage Combined Single Limit _____	or	Per Person _____ Per Accident _____
Underinsured Motorists Coverage Combined Single Limit _____	or	Per Person _____ Per Accident _____

I understand these coverage selections will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise.

Signature of Authorized Representative

Date

Named Insured

Policy Number