

INSURANCE COMPANY  
 INDEMNITY COMPANY

**MUST be completed if Auto Liability Coverage is requested**

1. Applicant Name

2. DBA, if any

### KENTUCKY FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### UNINSURED MOTORIST PROTECTION AND REPARATION BENEFITS

The laws of **Kentucky** require that all motor vehicle liability insurance policies contain uninsured motorist protection in limits of at least 25/50 for bodily injury including death unless rejected by you. Limit and premium amounts are listed below. Please initial the limit you wish to choose on the corresponding line to the left.

#### UNINSURED MOTORIST PROTECTION

\_\_\_\_ I am **rejecting all offers** of Uninsured Motorists Coverage.  
(Initial)

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date

\_\_\_\_ I am **selecting** Uninsured Motorists Coverage.  
(Initial) Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
Date

Initial	Limits	Premium
_____	25/50	25
_____	60/60	58
_____	100/100	117
_____	250/250	146
_____	300/300	162
_____	350/350	181
_____	500/500	227
_____	750/750	348
_____	1000/1000	458

\_\_\_\_\_  
Applicant's Initials

The laws of **Kentucky** do not require that all motor vehicle liability insurance policies contain underinsured motorist protection. However, we are required to offer them if you request coverage. Limit and premium amounts are listed below should you choose to request this coverage.

**UNDERINSURED MOTORIST PROTECTION**

I am **rejecting all offers** of Underinsured Motorists Coverage.

(Initial) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date

I am **selecting** Underinsured Motorists Coverage.

(Initial) Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
Date

Initial	Limits	Premium
_____	25/50	45
_____	60/60	48
_____	100/100	75
_____	250/250	90
_____	300/300	98
_____	350/350	110
_____	500/500	145
_____	750/750	249
_____	1000/1000	277

**PERSONAL INJURY PROTECTION**

The laws further provide that your policy contain Basic Reparation Benefits of \$10,000 and limitations on your right to sue or you may reject Basic Reparation Benefits and limitation on your right to sue by completing a separate form that your agent has. You may also choose deductibles and higher limits for this coverage by asking your agent. Limit and premium information is shown below. Please initial the limit you wish to choose on the corresponding line to the left.

Initial	Limit	Deductible	Premium
_____	10,000	None	35
_____	10,000	250	30
_____	10,000	500	25
_____	10,000	1,000	15
_____	20,000	None	110
_____	20,000	1,000	83
_____	30,000	None	160
_____	30,000	1,000	120
_____	40,000	None	200
_____	40,000	1,000	150
_____	50,000	None	250
_____	50,000	1,000	188

For limits not shown, interpolate.

\_\_\_\_\_  
Applicant's Initials

**THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER**

**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, Underinsured Motorist Coverage and Personal Injury Protection Coverage. Selections have been made by initialing the appropriate lines 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, Underinsured Motorist Coverage and Personal Injury Protection Coverage to select or reject coverage and limits on the behalf of the named insured.

Date Application Completed

\_\_\_\_\_

Signature of Agent of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_ X

Address of Agent

\_\_\_\_\_  
\_\_\_\_\_