

SUPPLEMENTARY AUTOMOBILE APPLICATION - CONNECTICUT

(To be completed by the named insured or applicant)

NAME	POLICY NUMBER (IF NOT NEW BUSINESS)
ADDRESS	AGENT

INFORMED CONSENT FORM

NOTICE TO INSURED

UNINSURED MOTORIST COVERAGE

Types of coverage

Our law requires you to buy uninsured motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorist (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by worker's compensation, or by or on behalf of the person at fault.

Under our law, you can purchase UNDERINSURED MOTORIST CONVERSION (UIMC) coverage. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at fault person's insurance, or other payments, your (UIMC) coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at fault person has been fully paid.

Stacking

Policies do not provide for stacking. To make a wise decision as to the amount of UM/UIM coverage to buy, you need to understand stacking.

If stacking were available it would allow you as an insured to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car. For example, if stacking were available and you had two insured cars and you purchased \$100,000 of UM/UIM coverage you would have received (and paid for) \$200,000 of protection. Because stacking is not available, the purchased amount of \$100,000 is not multiplied by the number of cars insured.

Also, your UM/UIM coverage will be limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own, you are limited to the amount of coverage for that car.

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If you have not read the preceding pages, Notice to Insureds, please do so at this time. This form contains valuable information which is designed to aid you in selecting the auto coverages that will provide the best protection to you and your family at the most affordable cost.

After you have read the Notice to Insureds, please indicate your selection of Uninsured Motorist Coverage.

ELECTION OF COVERAGE

UNINSURED MOTORIST COVERAGE

UM/UIM or UM/UIMC Coverage is available to you up to double the liability limits of your policy. If you choose more than your Bodily Injury Liability limit, it must be twice that amount. To aid you in selecting the amount of protection you desire, we have displayed the available limits and premiums on the following pages.

IF YOU CHOOSE A LIMIT BELOW THE AMOUNT OF LIABILITY COVERAGE THAT YOU PURCHASE FOR AUTO LIABILITY COVERAGE, PLEASE NOTE:

WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THE DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.

	Each Person/ Each Accident (Split Limit)	Each Accident (Single Limit)
I select the following coverage and limit(s).		
Uninsured Motorist/Underinsured Motorist Coverage (UM/UIM)	_____	_____
or		
Uninsured Motorist Coverage/Underinsured Motorist Conversion Coverage (UM/UIMC)	_____	_____

The coverages and options on this supplementary application were explained to me, and I knowingly made the selections indicated. I further understand that all coverage elections will apply to all future renewals, continuations and changes in my policy unless I notify Travelers or my agent in writing.

SIGNATURE OF ANY NAMED INSURED

DATE

PRINTED NAME

NOTE: If you select both UM/UIM and UM/UIMC, we will issue your policy with the limit and coverage selected for UM/UIMC.

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