

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION  
SELECTION/REJECTION OF UM/UIM AND PERSONAL INJURY PROTECTION COVERAGE  
TEXAS**

*(To be completed and signed by the Named Insured)*

Named Insured	Policy Number
Address	

**IMPORTANT - PLEASE READ CAREFULLY**

Please read this document carefully. Your coverage options are explained below.

**UNINSURED/UNDERINSURED MOTORIST COVERAGE (UM/UIM COVERAGE)**

Unless rejected in writing, Texas law (Texas Insurance Code, Art. 5.06-1) requires that all automobile liability or motor vehicle liability policies delivered or issued for delivery in Texas provide coverage, in at least the limits prescribed in the Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, Ch. 601) and under provisions prescribed by the Texas Department of Insurance, for the protection of persons insured there under who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles. You may select higher limits, but you cannot select a limit of liability for bodily injury greater than the limits of liability specified in the bodily injury liability provisions of your policy and you cannot select a limit of liability for property damage greater than the limits of liability specified in the property damage liability provisions of your policy.

**UM/UIM COVERAGE OPTIONS** (Mark the applicable box and sign below.)

- I hereby reject Uninsured/Underinsured Motorist Coverage at for both bodily injury and property damage for all vehicles covered by my policy.
- I hereby reject Uninsured/Underinsured Motorist Coverage for bodily injury only for all vehicles covered by my policy.
- I hereby reject Uninsured/Underinsured Motorist Coverage for property damage only for all vehicles covered by my policy.
- I select higher limits of Uninsured/Underinsured Motorist Coverage (not to exceed the bodily injury and property damage liability limits of my policy) for all vehicles covered by my policy. (Specify)

\$ \_\_\_\_\_ each accident Combined Single Limit; OR

\$ \_\_\_\_\_ each person, \$ \_\_\_\_\_ each accident for bodily injury and

\$ \_\_\_\_\_ each accident for property damage.

Please note that Uninsured/Underinsured Motorist Coverage for property damage is subject to a \$250 deductible.

I understand that the coverage selection or rejection indicated above shall apply on the policy(ies) in effect at the time this form is executed and to all future renewals thereof until I notify Southern County Mutual Insurance Company IN WRITING of any changes. My signature below evidences actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits selected.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

**PIP COVERAGE**

If you elect to purchase PIP coverage, please state the limit desired.     \$ \_\_\_\_\_

If you elect to reject Personal Injury Protection Coverage, please sign the rejection below.

**REJECTION OF PERSONAL INJURY PROTECTION COVERAGE**

This is to certify that I have carefully considered the provisions of Personal Injury Protection Coverage available to me through the enactment of Article 5.06.3 of the Insurance Code of the State of Texas and hereby record my rejection of such coverage under my policy(ies) and all subsequent renewals thereof. I realize that by rejecting this coverage I have not chosen the Medical Expense, Loss of Income, and Loss of Essential Services benefits which are provided in an amount of up to \$2,500 for all benefits, in the aggregate, for each person under the Personal Injury Protection Coverage. I furthermore certify my understanding that such coverage shall be afforded to me at any time hereafter upon my written request.

\_\_\_\_\_

Date

\_\_\_\_\_

Signed

\_\_\_\_\_

Signature of Agent

\_\_\_\_\_

Date