

- INSURANCE COMPANY
 INDEMNITY COMPANY

MUST be completed in conjunction with the ALL STATES Form A-101

1. Applicant Name _____

2. DBA, if any _____

MEDICAL PAYMENTS COVERAGE

In accordance with **Wisconsin** statutes, Medical Payments coverage of \$1,000 must be offered on any application for automobile liability insurance. **Additional premium required if accepted.** Please make your selection below:

- Accept Reject

UNINSURED MOTORISTS COVERAGE

Pursuant to **Wisconsin** 632.32, your policy automatically contains uninsured motorists bodily injury limits of \$25,000 per person and \$50,000 per accident.

UNDERINSURED MOTORISTS COVERAGE

In accordance with **Wisconsin** statutes, we are required to advise you of the availability of Underinsured Motorists Coverage. This coverage becomes involved if you and passengers in your vehicle are involved in an accident in which the other driver is legally at fault and does not have enough liability insurance to pay for all bodily injury damages you have suffered. Underinsured Motorist Coverage will pay for the remainder of your bodily injury damages up to your policy limits. If selected, you must purchase limits of \$50,000 per person and \$100,000 per accident. If rejected, any subsequent request for Underinsured Motorists Coverage must be in writing. **Additional premium required if accepted.** Please make your selection below:

- Accept Reject

PENALTY NOTICE

IF YOU CANCEL THE POLICY PRIOR TO ITS NORMAL EXPIRATION, YOU MAY PAY A SUBSTANTIAL PENALTY.

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____