DESCRIPTION OF VEHICLES

#	YEAR	MAKE	BODY TYPE	V.I.N.	MANUFACTURER'S RATED GROSS VEHICLE WEIGHT	CURRENT VALUE	RADIUS
1							
2							
3							
4							
5							

LOSS PAYEES/ADDITIONAL INSUREDS:

RATING BASIS IS: ☐ COMMERCIAL ☐ RETAIL ☐ SERVICE

Describe any secondary or individual driver surcharges:

COVERAGE	LIMITS			#1	#2	#3	#4	#5	TOTALS
Bodily Injury Property Damage	$ $	Each Person $ Each Acc.	Each Acc.						
Comb. Single Limit	$	Each Acc.							
Medical	$	Each Person							
UM B.I. UM P.D.	$ $	Each Person $ Each Acc.	Each Acc.						
Hired Auto									
Non-Owned Auto									
Spec. Cause of Loss	Less $	Deductible							
Collision	Less $	Deductible							
Comprehensive	Less $	Deductible							

Total Premium All Vehicles $ _____

CIGA Surcharge $ _____

Fully Earned Policy Fee $ 50

TOTAL POLICY PREMIUM $ _____

SUPPLEMENTAL AGREEMENT WAIVING APPLICATION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE COMPLETELY

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover and damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

By this supplemental agreement between the named insured and the Sutter Insurance Company and in consideration of omission from the policy of uninsured/underinsured motorist coverage premium charge, the named insured, on behalf of himself and any other person who might otherwise be legally entitled to uninsured/underinsured motorist coverage benefits under the policy, and the Sutter Insurance Company hereby agree to waive application of uninsured/underinsured motorist coverage in the policy and it is understood that no uninsured/underinsured motorist coverage shall apply to any accident, occurrence, or loss during the period of the policy. This agreement made accordingly shall continue to be binding with respect to any continuation, renewal, or replacement of the policy.

Signature of Applicant X _____ **Date** _____

SELECTION OF REDUCED LIMITS OF UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

The California Insurance Code states that you may purchase uninsured/underinsured motorist injury coverage with limits of liability lower than the bodily injury limits afforded. The Sutter Insurance Company offers maximum limits of $30,000 each person and $60,000 each accident for uninsured/underinsured motorist bodily injury coverage.

I understand and acknowledge that uninsured/underinsured motorists coverage has been explained to me, and I select the following limits of liability:

☐ $15,000 each person and $30,000 each accident ☐ $30,000 each person and $60,000 each accident

Signature of Applicant X _____ **Date** _____

Name and Address of Producing Broker

Name _____

Address _____

Signature of Broker X _____ **Date** _____