

CANAL

DELAWARE SUPPLEMENTAL APPLICATION

- INSURANCE COMPANY
 INDEMNITY COMPANY

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name _____

2. DBA, if any _____

**COMMERCIAL AUTO
 FORM A
 DELAWARE MOTORISTS PROTECTION ACT
 REQUIRED STATEMENT TO POLICYHOLDERS**

Canal Insurance Company
 P.O. Box 7

Greenville, South Carolina 29602

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists Protection Act

Bodily Injury Liability	(\$15,000 each person, \$30,000 each accident)
Property Damage Liability	(\$10,000 each accident)
Personal Injury Protection	(\$15,000 each person, \$30,000 each accident)
Damage to Property Other Than a Motor Vehicle	(\$10,000)

INSURED _____ POLICY NUMBER _____ CO. _____
 EFF: _____ EXP: _____ VEHICLE: _____

**B. OPTIONS
 YOU MUST SELECT LIMITS AND
 COVERAGE DESIRED**

A. COVERAGES

C. SELECTION

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Minimum Limits (\$15,000/\$30,000) <input type="checkbox"/> 2. Limits as shown in Column C <input type="checkbox"/>	Bodily Injury Limits Each Person Each Accident \$____,000 \$____,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Minimum Limits (\$10,000) <input type="checkbox"/> 2. Limits as shown in Column C <input type="checkbox"/>	Property Damage Limits \$____,000
3. COMBINED SINGLE LIMITS (CSL) LIABILITY (BODILY INJURY) AND PROPERTY DAMAGE	I WANT: 1. Limits as shown in Column C <input type="checkbox"/>	Bodily Injury and Property Damage Liability \$____,000 CSL Each Accident
4. NO-FAULT (Compulsory)	I WANT: 1. Minimum Limits (\$15,000/\$30,000) <input type="checkbox"/> 2. Full coverage with no Deductible	(Additional Personal Injury Protection Limits Not Available) Yes <input type="checkbox"/> No <input type="checkbox"/> Full coverage premium \$ _____
	3. Deductible applicable to Named Insured only <input type="checkbox"/>	Deductible Amount Cost Per Unit <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
	4. Deductible applicable to Named Insured and Members of his household <input type="checkbox"/>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

(Note: Deductible applicable per Accident – not per Person)

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
5. PHYSICAL DAMAGE	I WANT: 1. Collision <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE \$ _____ \$ _____
6. UNINSURED/ UNDERINSURED VEHICLE COVERAGE*	I WANT: 1. Minimum Limits (\$15,000/\$30,000 UMBI (\$10,000 UMPD) <input type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input type="checkbox"/> 3. Other – Specify in Column C <input type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person _____ Each Accident _____

*(Optional) (Available
In limits up to the Bodily
Injury Liability Limits or
\$100,000/\$300,000
Whichever is less)

Uninsured/Underinsured Motorists Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

My selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible at the cost stated above is based on the information provided to me by the insurer. I understand and agree that my selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible shall be binding on me and all persons subject to the terms of this policy. My selection shall apply to any renewal, reinstatement, substitute amended, altered, modified or replacement policy with this or any affiliated or successor company unless I or a named insured shall submit a written request to change the deductible and pay such lessor or greater premium that may apply to such a change.

Signature of Named Insured _____ X Date _____

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described on all future renewals of the policy, on future policies issued me because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Named Insured _____ X Date _____

Agent's Name _____

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Named Insured: _____ X