CANAL

☐ INSURANCE COMPANY
☐ INDEMNITY COMPANY

VIRGINIA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

NEW POLICY CANCELLATION NOTICE

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

VIRGINIA FRAUD WARNING

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

UNINSURED MOTORIST SELECTION / REJECTION

UNINSURED MOTORIST COVERAGE (UM) - In accordance with the laws of **Virginia** your policy will contain UM coverage with limits equal to the liability limits of your policy. You will be charged for these limits. If you desire you may reject UM limits equal to liability limits. Your selection or rejection of coverage is binding on all persons insured under this policy. Please indicate your selection below:

☐ Accept UM limits equal to liability limits

☐ Reject UM limits equal to liability limits and request UM limits of 25/50/20

☐ Reject UM limits equal to liability limits and request limits of _____

Date Application Completed _____ Signature of Agent of Applicant _____

Signature of Applicant X _____ Address of Agent _____

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