



ALABAMA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name Insured should complete this section.

2. DBA, if any

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Alabama law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

UNINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury.

Please indicate your choice from either A. or B. as follows:

A. Selection of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below:

Table with 4 columns: Insured should initial next to desired limits, (Initial), LIMITS (000) omitted, Premium per Unit. Lists various limit options from 25/50 to 1,000/1,000 with corresponding premiums.

**B. Rejection of Uninsured Motorists (Family Protection) Coverage**

In accordance with the provisions of 32-7-23 (a) of the Alabama Law which permit the insured named in the policy to reject the Uninsured Motorist (Family Protection) Coverage, the undersigned insured(s) does hereby reject such insurance, being the insurance provided for the protection of persons insured under this policy who would legally be entitled to recover damages from the owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom.

**IF THE NAMED INSURED IS AN INDIVIDUAL AND THERE IS MORE THAN ONE NAMED INSURED, ALL NAMED INSUREDS MUST REJECT SUCH COVERAGE IN WRITING.**

\_\_\_\_\_ I reject Uninsured Motorists Coverage.  
(Initials)

Insured should initial here if rejecting UM coverage.

\_\_\_\_\_ I reject Uninsured Motorists Coverage.  
(Initials)

**Applicant's Acknowledgement**

The undersigned hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured and Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage which are offered together. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured and Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage to select or reject coverage and limits on the behalf of the named insured.

**THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS THE NAMED INSURED OR THE AGENT OF THE NAMED INSURED NOTIFIES CANAL INSURANCE COMPANY OTHERWISE IN WRITING.**

Insured should sign and date.

\_\_\_\_\_  
Signature Of Applicant/Named Insured

\_\_\_\_\_  
Date

**IMPORTANT NOTICE REGARDING THE UM COVERAGE  
FOR WHICH YOU HAVE APPLIED**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. IF THE POLICY FOR WHICH YOU ARE APPLYING IS A LIABILITY POLICY AND YOU HAVE NOT REJECTED UNINSURED MOTORIST COVERAGE, READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN THE ACKNOWLEDGMENT OF ARBITRATION AGREEMENT.**

- 1. THE POLICY FOR WHICH YOU HAVE APPLIED INCLUDES A BINDING ARBITRATION AGREEMENT.**
- 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THE UM COVERAGE MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW.**
- 3. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON YOU AND THE INSURANCE COMPANY.**
- 4. IN AN ARBITRATION AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES.**
- 5. WHEN YOU ACCEPT THIS UM COVERAGE, YOU AGREE TO RESOLVE ANY DISAGREEMENT RELATED TO THE UM COVERAGE BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY.**
- 6. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.**

**ACKNOWLEDGMENT OF ARBITRATION AGREEMENT**

**I HAVE READ THIS STATEMENT. I UNDERSTAND THAT I AM VOLUNTARILY SURRENDERING MY RIGHT TO HAVE ANY DISAGREEMENT BETWEEN THE INSURANCE COMPANY AND MYSELF REGARDING THE UM COVERAGE RESOLVED IN COURT. THIS MEANS I AM WAIVING MY RIGHT TO A TRIAL BY JURY.**

**I UNDERSTAND THAT UPON RECEIPT OF THE POLICY I SHOULD READ THE ARBITRATION CLAUSE CONTAINED IN THE UM SECTION OF THE POLICY AND THAT I HAVE THE RIGHT TO REJECT THIS POLICY WITHIN THREE (3) DAYS OF THE DATE OF DELIVERY IF I DO NOT WANT TO ACCEPT THE REQUIREMENT FOR ARBITRATION.**

**I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT POLICY RELATED DISAGREEMENTS BE RESOLVED BY BINDING ARBITRATION.**

**Insured must sign here if UM not rejected.**

\_\_\_\_\_ X / \_\_\_\_\_  
Applicant / Insured Date / Time