



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
NEW YORK**

(To be completed and signed by Named Insured)

NAME: _____

ADDRESS: _____

NO-FAULT AUTOMOBILE INSURANCE

1. RATING INFORMATION –

PRIVATE PASSENGER TYPE VEHICLES: From BUSINESS AUTO SECTION APPLICATION ACORD 128 vehicle numbers for those furnished for the regular use of employees of the Named Insured: _____

COMMERCIAL VEHICLES: From BUSINESS AUTO SECTION APPLICATION ACORD 128, list vehicle numbers for those operated by employees subject to Workers' Compensation: _____

2. OPTIONAL BASIC ECONOMIC LOSS COVERAGE (OBEL) –

You may purchase Optional Basic Economic Loss coverage that will pay certain expenses, up to \$25,000, above the Basic No-Fault limit of \$50,000.

I wish to purchase Optional Basic Economic Loss coverage.

3. ADDITIONAL PERSONAL INJURY PROTECTION - OPTIONAL COVERAGES –

The following higher limits may be afforded to those insured motor vehicles for which an "X" has been inserted:

All Vehicles Private Passenger Vehicles only Commercial Vehicles only

a. Additional Limits for Personal Injury Protection - designate by an "X" in box for the optional amount of additional economic loss desired.

<u>Option</u>	<u>Additional Limits of Combined Medical Expense and Work Loss</u>	<u>Additional Monthly Work Loss</u>	<u>Additional Essential Services</u>
<input type="checkbox"/> A	\$ 25,000	\$ 500	\$ 25
<input type="checkbox"/> B	50,000	1,000	25
<input type="checkbox"/> C	100,000	2,000	25

b. Additional Death Benefit of \$3,000.

4. NAMED INDIVIDUAL - BROADENED PERSONAL INJURY PROTECTION COVERAGE –

Your Policy may be extended to afford Personal Injury Protection to named individuals or employees who regularly use an insured motor vehicle. Indicate below the names of such individuals or employees and the optional coverages to be afforded.

<u>Named Individual</u>	<u>Basic Personal Injury Protection</u>	<u>Additional Death Benefit</u>	<u>Additional Limits Option</u>		
			A	B	C
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on Reverse)

**STATUTORY UNINSURED MOTORISTS COVERAGE AND
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

STATUTORY COVERAGE

New York Law requires that your policy as respects motor vehicles principally garaged or principally used in this state only, automatically include Uninsured Motorists Coverage to provide protection against bodily injury or death caused by an owner or operator of an uninsured motor vehicle, unidentified motor vehicle which leaves the scene of an accident, a motor vehicle registered in this state as to which at the time of the accident there was not in effect a policy of liability insurance, a stolen vehicle, a motor vehicle operated without permission of the owner, an insured motor vehicle where the insurer disclaims liability or denies coverage or an unregistered vehicle arising out of an accident occurring in this state and out of the ownership, maintenance or use of such motor vehicle. The limits of Bodily Injury required are \$25,000 each person and \$50,000 each accident. In the event of death, these limits shall be \$50,000 each person and \$100,000 each accident. This coverage cannot be rejected.

SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE

We are required to offer you the option to purchase Supplementary Uninsured/Underinsured Motorists Coverage ("SUM") to provide protection against bodily injury or death caused by an owner or operator of an uninsured or underinsured motor vehicle caused by an accident in this state or outside of this state and arising out of the ownership, maintenance or use of such motor vehicle in limits up to \$250,000 per person per accident and \$500,000 per accident regardless of the number of persons involved in any given accident, or a combined single limit of \$500,000 each accident regardless of the number of persons involved in any given accident, provided that these limits do not exceed your Bodily Injury Policy Limits.

An "Uninsured/Underinsured Motor Vehicle" shall include any motor vehicle that, through its ownership, maintenance or use, results in bodily injury to an insured, and for which: no bodily injury liability insurance policy or bond applies to such vehicle (including a vehicle that was stolen, operated without the owner's permission, or unregistered) or neither owner nor driver can be identified (including a hit-and-run vehicle), or there is a bodily injury liability insurance coverage or bond applicable to such motor vehicle at the time of the accident, but: the amount of such insurance coverage or bond is less than the third-party bodily injury liability limit of this policy, the amount of such insurance coverage or bond has been reduced, by payments to other persons injured in the accident, to an amount less than the third-party bodily injury liability limit of this policy, the insurer writing such insurance coverage or bond denies coverage, or such insurer is or becomes insolvent at the time of the accident.

You may select higher limits of SUM Coverage but you may not select limits greater than Bodily Injury Policy Limits. You may select lower limits of SUM Coverage but you may not select limits lower than the limits required under the Statutory Coverage. If you do not make a selection for SUM coverage, your policy will include Statutory Coverage only.

I select SUM Coverage at the following limits:

- Bodily Injury Policy Limits.
- Limits of \$25,000 each person/\$50,000 each accident and in the event of death, \$50,000 each person and \$100,000 each accident. (Limits required under Statutory Coverage.)
- Limits equal to \$250,000 each person and \$500,000 each accident or a combined single limit of \$500,000 each accident (provided these limits are not greater than your Bodily Injury Policy Limits).
- Other limits lower than Bodily Injury Policy Limits but not less than the limits of Statutory Coverage (specify):
\$ _____ each person per accident/\$ _____ each accident or
\$ _____ each accident

I understand that the coverage selection or rejection indicated above shall apply on the policy(ies) in effect at the time this form is executed and all future renewal policies until I notify The Travelers IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	DATE
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SUPPLEMENTAL SPOUSAL LIABILITY COVERAGE

New York State law requires that upon written request of an insured, and upon payment of the premium, an insurer issuing or delivering a policy that satisfies the requirements of Article 6 of the New York Vehicle and Traffic Law shall provide Supplemental Spousal Liability Insurance coverage.

Supplemental Spousal Liability insurance provides bodily injury liability coverage under a motor vehicle insurance policy to cover the liability of an insured spouse because of the death of or injury to his or her spouse, even where the injured spouse must prove the culpable conduct of the insured spouse.

This coverage is included within the policy's bodily injury liability limits and does not increase the amount of those limits. For example:

Insured's bodily injury policy coverage limit: \$100,000/\$300,000

Insured's bodily injury damage claim paid to spouse: \$75,000

Insured's bodily injury policy coverage limit available to all other claimants subject to a maximum of \$100,000 per person: \$225,000

This example assumes the spouse and other claimants involved in the accident have a right to sue the insured for economic loss or for non-economic loss (i.e., pain and suffering) sustained as a result of a "serious injury" as defined in Section 5102 (d) of the Insurance Law. It must also have been shown that there was negligence on the part of the insured.

The additional premium for Supplemental Spousal Liability coverage is 5% of the liability premium for New York.

If you do not elect to purchase this coverage and do not remit the additional premium, Supplemental Spousal Liability coverage is not included in your motor vehicle insurance policy.

To indicate your selection of this coverage, please mark the box below, sign and date.

I select Supplemental Spousal Liability

If you check off the box above, sign below and pay the additional premium, you have evidenced your actual knowledge and understanding of the Supplemental Spousal Liability coverage as well as the benefits and limits.

SIGNATURE OF NAMED INSURED	DATE
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