



MICHIGAN LIABILITY COVERAGE LIMITS SELECTION

Policy Number:	
Applicant/Named Insured:	Policy Effective Date:
Company:	Producer:

Michigan law permits you to make certain decisions regarding Liability Coverage. This document provides the options available and the price for each option.

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

There is no coverage provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

IMPORTANT INFORMATION

The premiums given for the limits shown are based on a Private Passenger vehicle, with a non-fleet class code of 7391, using territory 133, no deductible and underwriting Company Continental Insurance Company (CIC).

The premium for the limit you choose will vary based on:

The actual territory of garage location of vehicle

Vehicle type

Vehicle use, radius and GVW

Underwriting Company



Please indicate your choice by initialing next to the appropriate item and signing below.

Choose one Split Limits Bodily Injury Per Person/Bodily Injury Per Accident/Property Damage option OR one Combined Single Limit option from the following:

(Initials)	Split Limits Bodily Injury/Property Damage	Premium
_____	\$ 100,000/300,000/100,000 \$	418
_____	125,000/250,000/100,000	410
_____	200,000/600,000/200,000	536
_____	250,000/500,000/250,000	531
_____	500,000/1,000,000/500,000	667

OR

(Initials)	Combined Single Limit	Premium
_____	\$ 100,000 \$	329
_____	110,000	339
_____	125,000	355
_____	150,000	378
_____	200,000	418
_____	250,000	454
_____	300,000	484
_____	350,000	513
_____	400,000	536
_____	500,000	579
_____	510,000	586
_____	600,000	615
_____	750,000	661
_____	1,000,000	717
_____	1,500,000	796
_____	2,000,000	855
_____	2,500,000	905
_____	3,000,000	944
_____	5,000,000	1,073
_____	7,500,000	1,198
_____	10,000,000	1,300



Product Name
[Form Type]

Signature Of Applicant/Named Insured

Date

Form No: CNA98433XX (07-2020)
[FORMTYPE] ; Page: a of b
Underwriting Company: UWCOMP, UWADDR1 UWADDR2, UWCITY, UWSTATE UWZIP

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