

CONTRACTED DRIVER APPLICATION FOR INSURANCE COVERAGE

Producer: Frank H Furman Insurance PO Box 1927 Pompano Beach, FL 33061 (954)943-5050	Applicant: Driver Name: _____ While Under Contract Assignment to Boomerang Transport, LLC. Date of Contract: **Attached Copy of MVR**		
Driver Information	Date of Birth	Drivers License Number	State of License
Address: _____ City: _____ State: _____ _____ Zip: _____			Maryland
MARYLAND UNINSURED MOTORIST FORM			

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death and property damage resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages. Maryland law requires that automobile liability policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company..

Please indicate whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

a. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability & Property Damage limits:

- \$20,000 each person for bodily injury
- \$40,000 each accident for bodily injury
- \$15,000 each accident property damage

b. I hereby select Uninsured Motorist limits equal to my Bodily Injury Liability limits.
 (If you select this option disregard the bold face statement above)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Signature of Driver X _____

Date: _____