CONTRACTED DRIVER APPLICATION FOR INSURANCE COVERAGE

Producer: Frank H Furman Insurance PO Box 1927 Pompano Beach, FL 33061 (954)943-5050	**Email Address:** **Applicant Driver Name:** **_____** **While Under Contract Assignment to Boomerang Transport, LLC.**		
	Date of Contract:		
Driver Information	**Date of Birth**	**Driver's License Number**	**State of License**
Address: _____ **City:_____State:_____** **Zip: _____**			

KENTUCKY UNINSURED MOTORIST OPTION FORM

Kentucky 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 compensatory 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: (1) split limits of $25,000 for each person, subject to $50,000 for each accident with respect to bodily injury; or (2) a single limit of $60,000 for each accident.

☐ a. I hereby reject Uninsured Motorist coverage.

☒ b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability limits:

$25,000 Bodily Injury each Person
$50,000 Bodily Injury each Accident

PERSONAL INJURY PROTECTION

Kentucky law requires that Personal Injury Protection Coverage be offered to you. Personal Injury Protection provides coverage for loss due to bodilyinjuries sustained by you or your family members and caused by an accident involving your motorcycle. Benefits consist of coverage for medicalexpenses, work loss, replacement service loss, survivor's economic loss, survivor's replacement services loss, and funeral expenses. You may select Basic Personal Injury Protection Coverage at a limit of $10,000. You must select a deductible

I select PIP :

☒ I hereby elect no deductible on Personal Injury Protection.

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:_____