



SPLIT LIMITS OPTION

Refer to Supplementary Declarations if information is not shown on this form.

We provide coverage under this endorsement subject to **terms** contained in the **Business Automobile** Provisions.

AGREEMENT.

We, the company, agree with **you** the first named **insured**, to provide such change in the limits of liability that have been chosen for the effective dates of this endorsement and for the amounts shown.

Named Insured: _____.

Effective Dates: _____.

SCHEDULE

☐ **Liability Coverage**

☐ **Supplementary Uninsured/Underinsured Motorist**

Bodily Injury Liability	\$ _____ Per Person.
	\$ _____ Per Accident.
Property Damage Liability	\$ _____ Per Accident.

ADDITIONAL CONDITIONS.

1. A minimum limit of \$50,000 shall apply to such **bodily injury** resulting in death sustained by any one person suffered in any one covered accident and subject to this per person limit. A minimum limit of \$100,000 shall apply to such **bodily injury** resulting in death sustained by two or more persons suffered in any one accident. These limits apply to such losses occurring within New York State without regard to the number of covered automobiles, claims presented, **insureds** or vehicles involved in any one accident.
2. **We** do not pay more than the limits of liability shown in this endorsement for injury, death or damages sustained in any covered accident. Such payment is subject to the limit per person per accident scheduled above.
3. All **bodily injury** and/or **property damage** resulting from continuous or repeated exposure to substantially similar conditions will be considered to have resulted from one accident.

All other **terms** and conditions remain unchanged.