

# WRC AGENCY

PO Box 7988, Madison, Wisconsin 53707-7988  
(608) 242-4519 or (800) 329-7020 Fax: (608) 442-5029 www.wrcagency.com

## Liability Agreement

I (we), the undersigned, agree and understand that in applying for vehicle insurance with the WRC Agency, that I (we), are applying for a policy, that if issued, will provide **Bodily Injury Liability** Limits of \$ \_\_\_\_\_ Per Person and \$ \_\_\_\_\_ Per Occurrence,

**Property Damage Liability** Limits of \$ \_\_\_\_\_ Per Occurrence.

The policy, if issued, will provide **Medical Payments** coverage of \$ \_\_\_\_\_ Per Person.

In addition, I (we) agree and understand that the policy, if issued, will provide Limits of Liability for **Uninsured Motorist Bodily Injury** subject to reducing clauses as stated in the policy of \$ \_\_\_\_\_ Per Person and \$ \_\_\_\_\_ Per Occurrence

**Underinsured Motorist Bodily Injury** subject to reducing clauses as stated in the policy of \$ \_\_\_\_\_ Per Person and \$ \_\_\_\_\_ Per Occurrence.

I (we) further agree and understand higher limits of liability are available and can be requested in lieu of the limits listed on the application for insurance and this form. I (we) understand and have been advised by the WRC Agency Inc. that in the event of an accident the limits being applied for may be inadequate. In such event I (we) shall hold harmless WRC Agency Inc, its employees, or agents, for any additional liability exposure I (we) may be subject to which is not covered by my (our) insurance.

In consideration of the premium submitted, the information I (we) have provided WRC Agency Inc., and the coverage listed on the application, I (we) request a policy be applied for and issued with the limits stated above.

If, at a future date and time, I (we) wish to increase or decrease any limits of coverage under this policy, such request must be in writing to the WRC Agency Inc. and any request is subject to the underwriting requirements of the company issuing such coverage at the time of the request. I (we) understand that it is my (our) responsibility to carry limits of liability sufficient to provide adequate liability coverage in event of an accident or loss.

---

Signed

---

Date