

**UNINSURED/UNDERINSURED MOTORISTS  
COVERAGE SELECTION FORM**

**PLEASE SELECT ONE OF THE OPTIONS BELOW, SIGN AT THE BOTTOM AND RETURN THIS FORM TO YOUR AGENT.**

State law requires that we inform you of the options you have concerning Uninsured and Underinsured Motorists Coverage. This applies even though this policy may provide excess liability for other exposures in addition to automobile liability insurance.

Uninsured and Underinsured Motorists Coverage provides for payment of a covered loss arising from an automobile accident which is not your fault and the other driver who is at fault has no insurance, has lower limits than you have, or cannot be identified.

With respect to Uninsured and Underinsured Motorists Coverage you may:

1. Purchase limits equal to the liability limit of this policy.
2. Reject the coverage.

**COVERAGE OPTIONS**

Please check the appropriate box below indicating your choice:

1. Include excess Uninsured and Underinsured Motorists coverage with limits equal to the liability limit of this policy. Please bear in mind that for this choice you must have a primary Automobile Insurance Policy with Uninsured and Underinsured Motorists Limits of at least \$ 1,000,000 in order to qualify for excess Uninsured and Underinsured Motorists Coverage under this policy.
2. I reject excess Uninsured and Underinsured Motorists Coverage.

If you check Item 1., you need to provide the following information about your primary Automobile Insurance Policy:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective and Expiration Dates \_\_\_\_\_

Uninsured and Underinsured Motorists Limits of Liability \_\_\_\_\_

Applicant/Named Insured's Signature \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

**All Other Terms and Conditions Remain Unchanged**