UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION OR REJECTION

Policyholder Name: _____

Policy Number: _____

Insurance Company: _____

Uninsured/Underinsured Motorist (UM/UIM) coverage provides protection for you and your passengers for bodily injury and/or property damage caused by a motorist who does not have insurance or does not have enough insurance to cover your losses.

Please select one of the following options by initialing next to your choice:

[____] **I ACCEPT** Uninsured/Underinsured Motorist Bodily Injury coverage at limits equal to my Bodily Injury Liability limits.

[____] **I SELECT** Uninsured/Underinsured Motorist Bodily Injury coverage at the following lower limits:
$_____ per person / $_____ per accident.

[____] **I REJECT** Uninsured/Underinsured Motorist Bodily Injury coverage in its entirety. I understand that I will have no protection under this policy for damages caused by an uninsured or underinsured motorist.

[____] **I ACCEPT** Uninsured Motorist Property Damage coverage (UMPD).

[____] **I REJECT** Uninsured Motorist Property Damage coverage (UMPD) in its entirety.

By signing below, I acknowledge that I have been offered these coverages and that the selections made above represent my intent. These choices will apply to all future renewals or replacements of this policy unless I notify the company in writing otherwise.

_____
Signature of Named Insured

_____
Date