

INSURANCE COMPANY NAME: _____

UNINSURED AND UNDERINSURED MOTORIST COVERAGE OFFER FORM

READ CAREFULLY

You have a legal right to purchase *both* Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist coverage provides protection for bodily injuries caused by a negligent motorist who has no liability insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$50,000 single limit (or \$25,000/\$50,000 split limits) up to your policy's liability limit, or you may reject the coverage(s) entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$ _____

Options available for Uninsured and Underinsured Motorist coverages:

<u>UNINSURED MOTORIST COVERAGE OFFER</u>			<u>UNDERINSURED MOTORIST COVERAGE OFFER</u>		
	<u>Coverage Limit Options</u>	<u>Premium</u>		<u>Coverage Limit Options</u>	<u>Premium</u>
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	No <u>Uninsured</u> Motorist Coverage	\$	<input type="checkbox"/>	No <u>Underinsured</u> Motorist Coverage	\$

I understand that this form reflects the offer of Uninsured Motorist and Underinsured Motorist coverage options made to me. I understand that my **policy declarations page** will be sent to me and I need to review it to confirm that my policy contains the Uninsured Motorist and Underinsured Motorist coverages I selected.

ACKNOWLEDGEMENT OF UNINSURED AND UNDERINSURED MOTORIST COVERAGE OFFER

Signed: _____

(Named Insured)

Date: _____

Print: _____

(Named Insured)

Policy/Quote/Path Number: _____

Account Number: _____