

ELECTION OF LOWER LIMITS FOR BODILY INJURY UNINSURED/UNDERINSURED MOTORIST COVERAGE

Oregon law permits you to make certain decisions regarding the limits of your Uninsured and Underinsured Motorist Coverage. The coverage you are purchasing will provide a benefit to you if the person that caused the accident does not have insurance, or if they do not have enough insurance to pay your damages. This document, required by Oregon law, briefly describes this coverage and the options available.

COVERAGE DESCRIPTION

Bodily Injury Uninsured Motorist Coverage provides you and your passengers money for damages you are legally entitled to be paid from the owner or operator of an uninsured motor vehicle because of bodily injury or death caused by an automobile accident.

Bodily Injury Underinsured Motorist Coverage provides you and your passengers with additional money for your damages when the at-fault party's Bodily Injury Liability insurance policy limit is not high enough to pay you and your passengers for all your losses. The total amount available cannot be more than the policy limit you choose for your Underinsured Motorist policy limit added to the Bodily Injury Liability policy limit of the at-fault party.

Your automobile liability policy must include Uninsured Motorist Coverage with limits equal to those for Bodily Injury Liability Coverage unless you elect lower limits. You may not, however, elect Uninsured Motorist Coverage limits that are less than \$25,000 for each person and \$50,000 for each accident.

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Comparison of prices for Coverage:

\$_____ is the premium for Bodily Injury Uninsured Motorists Coverage per insured private passenger type vehicle with limits *equal* to your Bodily Injury Liability Coverage limit of [\$_____].

\$_____ is the premium for Bodily Injury Uninsured Motorists Coverage per insured vehicle other than private passenger type vehicles with limits *equal* to your Bodily Injury Liability Coverage limits of [\$_____].

\$_____ is the premium for Bodily Injury Uninsured Motorists Coverage per insured private passenger type vehicle with the limits you selected that are *lower than* your Bodily Injury Liability Coverage limits of [\$_____].

\$_____ is the premium for Bodily Injury Uninsured Motorists Coverage per insured vehicle other than private passenger type vehicles with the limits you selected that are *lower than* your Bodily Injury Liability Coverage limits of [\$_____].

By signing below, I acknowledge that I have been offered Uninsured Motorist coverage with limits equal to my Bodily Injury Liability coverage and I am electing to purchase Bodily Injury Uninsured Motorists Coverage at limits lower than the Bodily Injury Liability Coverage limits of my policy.

I understand that the coverage selection I have indicated above shall remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits of my policy are changed.

Signature of Applicant/Named Insured

Date

Quote/Policy Number

Account Number