

ARKANSAS UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION (SUPPLEMENT TO THE APPLICATION)

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Arkansas law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000. You may select optional higher limits up to the policy's liability limits. If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also select Property Damage Uninsured Motorists Coverage up to the policy's liability limits or you may reject such coverage.

Please indicate your choice from **A.**, **B.** or **C.** as follows:

A. Selection Of Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By completing this section, you are selecting BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage and Property Damage Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	<p>1. I select Bodily Injury Uninsured Motorists Coverage at limit(s) equal to the minimum limits required by Arkansas law AND Property Damage Uninsured Motorists Coverage as indicated below. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists Coverage that are higher than the minimum limits required by Arkansas law.</p> <p>(Choose either the Split Limits option or the Combined Single Limit option:)</p>								
(Initials) _____	\$	Split Limits Bodily Injury And Property Damage 25,000/50,000/25,000	OR	(Initials) _____	\$	Combined Single Limit 75,000			
OR									
(Initials) _____	<p>2. I select Bodily Injury Uninsured Motorists AND Property Damage Uninsured Motorists Coverage at the following limit(s):</p> <p>(Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following:)</p>								
(Initials) _____	\$	Split Limits Bodily Injury 50,000/100,000 100,000/300,000 250,000/500,000 500,000/1,000,000 _____ (Other)	(Initials) _____	\$	Property Damage 50,000 100,000 _____ (Other)	OR	(Initials) _____	\$	Combined Single Limit 100,000 250,000 350,000 500,000 1,000,000 _____ (Other)
_____ Signature Of Applicant/Named Insured							_____ Date		

B. Rejection Of Property Damage Uninsured Motorists Coverage AND Selection Of ONLY Bodily Injury Uninsured Motorists Coverage

By completing this section, you are rejecting Property Damage Uninsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	1.	<p>I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to the minimum limits required by Arkansas law. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists Coverage that are higher than the minimum limits required by Arkansas law.</p> <p>(Choose either the Split Limits Bodily Injury option or the Combined Single Limit option from the following:)</p>																																			
(Initials) _____	\$	<table style="margin: auto;"> <tr> <td style="text-align: center;">Split Limits Bodily Injury</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">(Initials) _____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">Combined Single Limit</td> </tr> <tr> <td style="text-align: center;">25,000/50,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">50,000</td> </tr> </table>	Split Limits Bodily Injury	OR	(Initials) _____	\$	Combined Single Limit	25,000/50,000				50,000																									
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OR																																					
(Initials) _____	2.	<p>I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at the following limit(s):</p> <p>(Choose one Split Limits Bodily Injury option OR one Combined Single Limit option from the following:)</p>																																			
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_____ Signature Of Applicant/Named Insured		_____ Date																																			

C. Rejection Of BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By initialing and signing below, you are rejecting Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in its entirety.

<p>(Initials)</p> <p>_____</p>	<p>I reject BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage.</p>
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>	<p>_____</p> <p>Date</p>