

COLORADO BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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|---------------------------------|-------------------------------|
| Applicant/Named Insured: | Policy Effective Date: |
| Company: | Producer: |

Colorado law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available with respect to Bodily Injury Uninsured Motorists Coverage.

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

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.

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 the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, or unless you select higher limits that may be available, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than the minimum limits required by Colorado law of: (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 for each accident.

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

A. Selection Of Higher Limits Of Bodily Injury Uninsured Motorists Coverage

If you wish to select higher limits of Bodily Injury Uninsured Motorists Coverage than the minimum limits required by Colorado law, you may do so, subject to the following, by initialing next to the appropriate item(s) and signing below.

SECTION I ONLY (up to the Liability Coverage limits of your policy):

If indicated to the left, we only offer Bodily Injury Uninsured Motorists Coverage in amounts up to: (1) the Liability Coverage limits of your policy or (2) split limits of \$100,000 for each person, subject to \$300,000 for each accident with respect to bodily injury, or a combined single limit of \$300,000, whichever is less. Therefore, if indicated to the left, you may choose one of the options listed in SECTION I below, up to the Liability Coverage limits of your policy, and you may NOT choose any of the options listed in SECTION II.

If nothing is indicated to the left, you may choose any one of the options listed in SECTION I or SECTION II.

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|---|--|---------------------|----|---------------|-----------------------|
| _____ (Initials) | I select the following higher limits of Bodily Injury Uninsured Motorists Coverage. | | | | |
| <u>SECTION I</u> | | | | | |
| | | Split Limits | OR | (Initials) | Combined Single Limit |
| _____ | \$ | 50,000/100,000 | | _____ | \$ 75,000 |
| _____ | | 100,000/200,000 | | _____ | 100,000 |
| _____ | | 100,000/300,000 | | _____ | 200,000 |
| | | | | _____ | 250,000 |
| | | | | _____ | 300,000 |
| <u>SECTION II</u> | | | | | |
| _____ | \$ | 300,000/300,000 | | _____ | \$ 350,000 |
| _____ | | 500,000/500,000 | | _____ | 500,000 |
| _____ | | 500,000/1,000,000 | | _____ | 1,000,000 |
| _____ | | 1,000,000/1,000,000 | | _____ | |
| | | _____ | | _____ | |
| | | (Other) | | _____ | (Other) |
| _____ Signature Of Applicant/Named Insured | | | | _____ Date | |

B. Rejection Of Bodily Injury Uninsured Motorists Coverage

If you wish to reject Bodily Injury Uninsured Motorist Coverage, you may do so by initialing and signing below.

| | |
|--|-------------|
| (Initials) _____ I reject Bodily Injury Uninsured Motorists Coverage. | |
| _____ | _____ |
| Signature of Applicant/Named Insured | Date |

C. Acceptance Of Minimum Required Limits Of Bodily Injury Uninsured Motorists Coverage

By initialing and signing below, I acknowledge that I have not selected higher limits of Bodily Injury Uninsured Motorists Coverage, nor have I rejected such Coverage. Therefore, I accept that my policy will include Bodily Injury Uninsured Motorists Coverage at the minimum limits required by Colorado law of: (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 for each accident.

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|---|-------------|
| (Initials) _____ I accept Bodily Injury Uninsured Motorists Coverage at the minimum limits required by Colorado law. | |
| _____ | _____ |
| Signature of Applicant/Named Insured | Date |