

## NEW MEXICO UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

<b>Applicant/Named Insured:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>

New Mexico law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage 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 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 coverage you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or underinsured motor vehicle because of bodily injury, or 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 bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury, and \$10,000 for each accident with respect to property damage; or (2) a single limit of \$60,000 for each accident.

Please indicate your choice by initialing next to the appropriate item **and signing** below.

**A. Rejection Of Uninsured Motorists Coverage**

_____ (Initials)	<b>I reject Uninsured Motorists Coverage.</b>
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**B. Selection Of Uninsured Motorists Coverage Limits**

I select the following limit(s) for Uninsured Motorists Coverage. (The limit(s) selected cannot exceed the Liability Coverage limit(s) of your policy.)

(Choose from the following options:)

(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage
	\$ 25,000/50,000		\$ 10,000
	50,000/100,000		25,000
	100,000/300,000		50,000
	250,000/500,000		100,000
	500,000/500,000		200,000
	500,000/1,000,000		300,000
	1,000,000/1,000,000		500,000
			1,000,000
_____	_____ (Other)	_____	_____ (Other)

OR

(Initials)	Combined Single Limit
	\$ 60,000
	100,000
	200,000
	250,000
	300,000
	350,000
	500,000
	1,000,000
_____	_____ (Other)

_____ <b>Signature Of Applicant/Named Insured</b>	_____ <b>Date</b>
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