

## UTAH BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Utah law permits you to make certain decisions regarding Uninsured Motorists Coverage (UM). This document 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.

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.

Utah law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the lesser of the limits of the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy or the maximum Uninsured Motorists Coverage Limits that we have available for your type of policy, unless you reject or select lower limits for Uninsured Motorists Coverage.

Please indicate your choice by initialing next to the appropriate item(s) in either **A. B.** or **C.** below:

**A. Selection Of Bodily Injury Uninsured Motorists Coverage Limits Required To Be Offered**

<p>(Initials) _____</p>	<p>I select <b>Bodily Injury Uninsured Motorists Coverage</b> equal to the lesser of the following:</p> <p>1. <b>Uninsured Motorists Coverage Limits equal to my policy's Bodily Injury Liability Split Limit or Combined Single Limit;</b></p> <p>or</p> <p>2. <b>The maximum Uninsured Motorists Coverage Limits available for my type of policy which is:</b></p> <p>_____ <b>(Split Limits);</b></p> <p>or</p> <p>_____ <b>(Combined Single Limit)</b></p>
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**B. Rejection And Waiver Of Higher Limits For Bodily Injury Uninsured Motorists Coverage And Selection Of Lower Limits**

<p>(Initials) _____ I reject and waive the higher Uninsured Motorists Coverage and select the following lower limits:</p>				
<p>(Choose one):</p>				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$		_____	\$
_____	25,000/50,000		_____	65,000
_____	50,000/100,000		_____	75,000
_____	100,000/200,000		_____	100,000
_____	100,000/300,000		_____	200,000
_____	300,000/300,000		_____	250,000
_____	250,000/500,000		_____	350,000
_____	500,000/500,000		_____	500,000
_____	500,000/1,000,000		_____	1,000,000
_____	1,000,000/1,000,000		_____	
_____	_____ (Other)		_____	_____ (Other)
<p><b>Premium for the lower Uninsured Motorists Coverage Limits selected above:</b> \$ _____</p>				
<p><b>Additional premiums to purchase Uninsured Motorists Coverage Limits with limits equal to the lesser of the limits of the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy or the maximum Uninsured Motorists Coverage Limits that we have available for your type of policy:</b> \$ _____</p>				

**C. Rejection Of Bodily Injury Uninsured Motorists Coverage**

<b>(Initials)</b>	
_____ <b>I reject Bodily Injury Uninsured Motorists Coverage.</b>	
_____	_____
<b>Signature Of Applicant/Named Insured</b>	<b>Date</b>