

GEORGIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Georgia 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 coverages you are provided.

UNINSURED MOTORISTS COVERAGE

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 or property damage 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.

Unless rejected, your policy must include Uninsured Motorists Coverage at limits not less than: (a) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or (b) a single limit of \$75,000 for each accident. These limits will be referred to as the "minimum limits" for Uninsured Motorists Coverage.

Your options with respect to Uninsured Motorists Coverage include:

A. You may select Uninsured Motorists Coverage:

1. At limits equal to the liability coverage limits of your policy; or
2. If the liability coverage limits of your policy exceed the above referenced "minimum limits" for Uninsured Motorists Coverage, you may select Uninsured Motorists Coverage at limits less than the liability coverage limits of your policy but not less than the above referenced "minimum limits" for Uninsured Motorists Coverage; or

B. You may reject Uninsured Motorists Coverage.

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

A. Selection Of Uninsured Motorists Coverage Limits

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 Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	1. I select Uninsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits) or Combined Single Limit.					
OR						
(Initials) _____	2. I select Bodily Injury Uninsured Motorists And Property Damage Uninsured Motorists Coverage at the following limit(s): (Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following:)					
(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000	_____	\$ 25,000		_____	\$ 75,000
_____	50,000/100,000	_____	50,000		_____	100,000
_____	100,000/200,000	_____	100,000		_____	200,000
_____	100,000/300,000	_____	150,000		_____	250,000
_____	250,000/500,000	_____	200,000		_____	300,000
_____	300,000/300,000	_____	250,000		_____	350,000
_____	500,000/500,000	_____	300,000		_____	500,000
_____	500,000/1,000,000	_____	500,000		_____	1,000,000
_____	1,000,000/1,000,000	_____	750,000			
_____	_____	_____	1,000,000		_____	_____
	(Other)		(Other)			(Other)
_____ Signature Of Applicant/Named Insured					_____ Date	

B. Rejection Of Uninsured Motorists Coverage

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

(Initials) _____	I reject Uninsured Motorists Coverage.
_____	_____
Signature Of Applicant/Named Insured	Date