

## KENTUCKY UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Kentucky law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly 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 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, 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; or (2) a single limit of \$60,000 for each accident.

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

**A. Selection Of Uninsured Motorists Coverage Limits**

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) 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.

<b>(Initials)</b> _____		<b>I select the following higher limits of Bodily Injury Uninsured Motorists Coverage.</b>			
		<b>(Choose one:)</b>			
<b>(Initials)</b> _____	<b>Split Limits Bodily Injury</b>	<b>OR</b>	<b>(Initials)</b> _____	<b>Combined Single Limit</b>	
	\$ 25,000/50,000			\$ 60,000	
	50,000/100,000			75,000	
	100,000/200,000			100,000	
	100,000/300,000			200,000	
	250,000/500,000			250,000	
	300,000/300,000			300,000	
	500,000/500,000			350,000	
	500,000/1,000,000			500,000	
	1,000,000/1,000,000			1,000,000	
	_____			_____	
	(Other)			(Other)	
_____				_____	
<b>Signature Of Applicant/Named Insured</b>				<b>Date</b>	

**B. Rejection Of Uninsured Motorists Coverage**

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

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