

NEVADA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Nevada 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.

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

Please indicate your choices by initialing next to the appropriate item(s) below.

1. Selection Of Uninsured Motorists Coverage

(Initials) _____	I select Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
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2. Rejection Of Bodily Injury Uninsured Motorists Coverage

(Initials) _____	I reject Uninsured Motorists Coverage.
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3. Lower Limit(s) For Uninsured Motorists Coverage

(Initials) _____	I reject Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.			
(Choose one):				
(Initials) _____	Split Limits \$ 15,000/30,000 _____ 25,000/50,000 _____ 50,000/100,000 _____ 100,000/300,000 _____ 250,000/500,000 _____ 500,000/500,000 _____ 500,000/1000,000 _____ 1,000,000/1,000,000 _____ \$ _____ (Other)	OR	(Initials) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Combined Single Limit \$ 30,000 35,000 50,000 75,000 100,000 200,000 250,000 300,000 350,000 500,000 1,000,000 \$ _____ (Other)

 Applicant's/Named Insured's Signature

 Date