

SOUTH CAROLINA OFFER OF ADDITIONAL UNINSURED AND OPTIONAL UNDERINSURED MOTORISTS COVERAGE

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$75,000 (combined single limit) of liability coverage. This limit is commonly known as the minimum limit. In order to drive your automobile upon the roads of this State, you must have at least this minimum limit of insurance, unless you post a satisfactory bond or pay a \$600 fee to drive uninsured. There is no requirement that an insurance company offer higher than the minimum limit of automobile liability insurance coverage. If your insurance company does offer more than the minimum limit, you will be required to pay an additional premium for that increased limit of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect **you** in the event **you** are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional "uninsured motorists coverage" and optional "underinsured motorists coverage", respectively. You may also see them referred to as "UM" and/or "UIM". If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorists coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorists coverage of \$75,000 (combined single limit). There is a \$200 deductible for uninsured property damage claims.

You also have the right to buy additional uninsured motorists coverage, in various limits, up to the limit of the liability coverage you have purchased. The limit of additional uninsured motorists coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for that increased limit. You may not purchase uninsured motorists coverage with a limit in excess of your liability limit.

Underinsured motorists coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorists coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorists coverage in various limits up to the limit of liability coverage you have purchased. The limits of optional underinsured motorists coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorists coverage with a limit in excess of your liability limit.

If you reject optional underinsured or additional uninsured motorists coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorists coverage or optional underinsured motorists coverage.

If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorists coverage and optional underinsured motorists coverage, in the same limit as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these coverages and your policy may be cancelled for non-payment of that additional premium.

In the future, if you wish to increase or to decrease your limit of additional uninsured motorists coverage or optional underinsured motorists coverage, **you** must contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
State of South Carolina Department of Insurance
1201 Main Street, Suite 1000, Columbia SC 29201
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737- 6180
(800) 768-3467 (Toll Free only in SC)
E-mail address: consumers@doi.sc.gov

OFFER OF ADDITIONAL UNINSURED MOTORISTS COVERAGE

A minimum uninsured motorists coverage limit of \$75,000 (combined single limit) is automatically provided by your insurance policy. If you select additional uninsured motorists coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits.

Limits Available	Total Uninsured Motorists Premium
\$ 75,000	
350,000	
500,000	
1,000,000	

Do you wish to purchase additional uninsured motorists coverage? **Yes** _____ **No** _____

If your answer is "no", you must then sign here: _____

If your answer is "yes", specify the limit you desire. This limit cannot exceed your automobile insurance liability limit.

I select _____ combined single limit.

OFFER OF OPTIONAL UNDERINSURED MOTORISTS COVERAGE

A minimum uninsured motorists coverage limit of \$75,000 (combined single limit) is automatically provided by your insurance policy. If you select optional underinsured motorists coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits.

Limits Available	Total Underinsured Motorists Premium
\$ 75,000	
350,000	
500,000	
1,000,000	

Do you wish to purchase optional underinsured motorists coverage? **Yes** _____ **No** _____

If your answer is "no", you must then sign here: _____

If your answer is "yes", specify the limit you desire. This limit cannot exceed your automobile insurance liability limit.

I select _____ combined single limit.

APPLICANT'S ACKNOWLEDGMENT

By my signature, I acknowledge that I have read - or have had read to me - the above explanations and offers of additional uninsured motorists coverage and optional underinsured motorists coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorists coverage and optional underinsured motorists coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____