NEW MEXICO UNINSURED MOTORISTS COVERAGE DISCLOSURE/SELECTION/REJECTION

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

New Mexico law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available and discloses certain limitations.

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 coverage you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or underinsured motor vehicle because of bodily injury or property damage caused by a motor vehicle accident. Also included are damages due to bodily injury or property damage that result from a motor vehicle accident with a hit-and-run vehicle whose owner or operator cannot be identified.

We are disclosing to you the premium per exposure for Uninsured Motorists Coverage. You have the option to select Uninsured Motorists Coverage on a per-vehicle basis. Disclosing to you these specific premium costs per exposure allows you to choose Uninsured Motorists Coverage that fits your financial situation. You may choose to select, or may reject in writing, Uninsured Motorists Coverage on a per-vehicle basis in your policy.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits equal to the limits of your Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.

DISCLOSURE OF UNINSURED MOTORISTS PREMIUM

The following tables disclose the premium costs associated with different limits for Uninsured Motorists Coverage. Please review this disclosure before reviewing your options in **A.**

You should first determine the total number of exposures that you wish to insure for Uninsured Motorists Coverage, combining the total number of all Private Passenger Types, Other Than Private Passenger Types and any other Type Specifically Described exposures you wish to insure. Exposures include owned self-propelled vehicles, trailers and sets of registration plates not issued to a specific auto (including dealer and transporter plates).

For each exposure to be insured, the premium for the desired Limit of Insurance is set forth below in the appropriate table (single limit or split limits). This is the premium for that single exposure. Choosing the same limits for all exposures, add together the per-exposure premiums for all exposures to be insured to determine the total cost of Uninsured Motorists Coverage.

Uninsured Motorists Split Limits			
Bodily Injury Split Limits			
Bodily Injury Limits	**Private Passenger Type**	**Other Than Private Passenger Type**	**Type Specifically Described Below (_____)**
$25,000/50,000	**$**	**$**	**$**
50,000/100,000			
100,000/300,000			
250,000/500,000			
500,000/1,000,000			
1,000,000/2,000,000			
(Other)			
Property Damage Split Limits			
Property Damage Limits	**Private Passenger Type**	**Other Than Private Passenger Type**	**Type Specifically Described Below (_____)**
$10,000	**$**	**$**	**$**
25,000			
50,000			
100,000			
(Other)			

Uninsured Motorists Combined Single Limits			
Bodily Injury And Property Damage			
Combined Single Limit	Private Passenger Type	Other Than Private Passenger Type	Type Specifically Described Below (_____)
$60,000	$	$	$
100,000			
125,000			
150,000			
200,000			
250,000			
300,000			
350,000			
400,000			
500,000			
600,000			
750,000			
1,000,000			
(Other)			

A. Uninsured Motorists Coverage Selection Or Rejection

We have disclosed to you the specific premium cost you would pay per exposure for Uninsured Motorists Coverage so you can decide if per-vehicle coverage fits your financial situation. Please review the Uninsured Motorists Coverage options **1.** – **3.** and indicate your choice by **initialing next to** the appropriate item in **1., 2.** OR **3.** below:

1. Reject Uninsured Motorists Coverage On A Per-vehicle Basis And Select Uninsured Motorists Coverage For All Vehicles Insured On The Policy
2. Reject Uninsured Motorists Coverage On A Per-vehicle Basis For Certain Described Vehicles And Select Uninsured Motorists Coverage For All Other Vehicles Insured On The Policy
3. Entirely Reject Uninsured Motorists Coverage

(Choose one:)

1. **Reject Uninsured Motorists Coverage On A Per-vehicle Basis And Select Uninsured Motorists Coverage For All Vehicles Insured On The Policy**

_____ **(Initials)**	**I specifically reject Uninsured Motorists Coverage on a per-vehicle basis and select Uninsured Motorists Coverage for all vehicles insured on the Policy.**

OR

2. Reject Uninsured Motorists Coverage On A Per-vehicle Basis For Certain Described Vehicles And Select Uninsured Motorists Coverage For All Other Vehicles Insured On The Policy

SCHEDULE

Description Of Designated Vehicle(s):
Information required to complete this Schedule, if not shown above, must be completed by the attachment of a supplementary schedule.

_____ **(Initials)**	**I specifically reject Uninsured Motorists Coverage for any vehicle(s) described in the Schedule above or supplementary schedule and select Uninsured Motorists Coverage for all other vehicles insured on the Policy.**

OR

3. Entirely Reject Uninsured Motorists Coverage

_____ **(Initials)**	**I entirely reject Uninsured Motorists Coverage.**

If you selected **1.** or **2.** above, and do not wish Uninsured Motorists Coverage to be afforded at limits equal to the limits of your Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, please indicate your choice from **B.** by **initialing next to** the appropriate item.

B. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits:

(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	
	$ 25,000/50,000*				$ 10,000*	
	50,000/100,000				25,000	
	100,000/300,000				50,000	
	250,000/500,000				100,000	
	500,000/1,000,000					
	1,000,000/2,000,000					
(Other)						
				(Other)		

***IF YOU CHOOSE THESE LIMITS, THERE WILL BE NO COVERAGE AVAILABLE UNDER THIS POLICY FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED FROM AN ACCIDENT WITH AN UNDERINSURED MOTORIST.**

OR

(Initials)	Combined Single Limit	
	$ 60,000**	
	100,000	
	125,000	
	150,000	
	200,000	
	250,000	
	300,000	
	350,000	
	400,000	
	500,000	
	600,000	
	750,000	
	1,000,000	
(Other)		
**IF YOU CHOOSE THIS LIMIT, THERE WILL BE NO COVERAGE AVAILABLE UNDER THIS POLICY FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED FROM AN ACCIDENT WITH AN UNDERINSURED MOTORIST.		

LIMITATIONS OF UNINSURED MOTORISTS COVERAGE

The Uninsured Motorists Coverage limits available to you under this Policy and any other policy will be reduced or eliminated by the sum of the other party's limits of liability under all liability policies or bonds applicable at the time of the accident, subject to other policy provisions.

If you have any questions about your coverage, please contact us at:

Insurer Name:

Address:

City: **State:** **Zip Code:**

Phone Number:

Email: