

IOWA SELECTION OF UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE LIMITS

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

Iowa law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages 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 or Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declaration Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

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 owner or operator cannot be identified.

Underinsured 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 underinsured motor vehicle because of bodily injury caused by an automobile accident.

Unless rejected, the Uninsured Motorists Coverage and Underinsured Motorists Coverage contained in your policy will be afforded at limits at least equal to: 1) split limits of \$20,000 for each person/\$40,000 for each accident; or 2) a combined single limit of \$40,000 for each accident. If you elect both Uninsured Motorists Coverage and Underinsured Motorists Coverage, both coverages must be provided at the same limits.

Please complete Sections **A.** and **B.** below.

A. Selection Of Uninsured Motorists Coverage Limits

Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials)				
_____	I have already rejected all Uninsured Motorists coverage in connection with my policy.			
_____	I select the following limits for Uninsured Motorists Coverage. (The limit(s) selected cannot exceed the Liability limit(s) of your policy.)			
(Choose one):				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limits
_____	\$ 20,000/40,000		_____	\$ 40,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	55,000
_____	100,000/300,000		_____	75,000
_____	250,000/500,000		_____	100,000
_____	500,000/500,000		_____	200,000
_____	500,000/1,000,000		_____	250,000
_____	1,000,000/1,000,000		_____	300,000
_____	_____		_____	350,000
	(Other)		_____	500,000
			_____	1,000,000
			_____	_____
				(Other)
_____			_____	
Applicant's/Named Insured's Signature			Date	

B. Selection Of Underinsured Motorists Coverage Limits

Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials) _____ _____	I have already rejected all Underinsured Motorists coverage in connection with my policy.			
	I select the following limits for Underinsured Motorists Coverage. (The limit(s) selected cannot exceed the Liability limit(s) of your policy.)			
(Choose one):				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limits
_____	\$ 20,000/40,000		_____	\$ 40,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	55,000
_____	100,000/300,000		_____	75,000
_____	250,000/500,000		_____	100,000
_____	500,000/500,000		_____	200,000
_____	500,000/1,000,000		_____	250,000
_____	1,000,000/1,000,000		_____	300,000
_____	_____		_____	350,000
	(Other)		_____	500,000
			_____	1,000,000
			_____	_____
				(Other)
Applicant's/Named Insured's Signature			Date	