

ALASKA UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Alaska law permits you to make certain decisions regarding Uninsured/Underinsured 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/Underinsured 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/UNDERINSURED MOTORISTS COVERAGE

Bodily Injury Uninsured/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 uninsured motor vehicle or an underinsured 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.

Property Damage Uninsured/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 uninsured motor vehicle or an underinsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

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

A. Selection Of BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage

By completing this section, you are selecting BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in **1.** OR **2.** and signing below:

(Initials) _____ _____	<p>1. I select Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage at limits equal to my Liability Coverage.</p> <p>OR</p> <p>2. I select Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage at the following limit(s): (Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following.)</p>																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(Initials)</th> <th style="width: 30%;">Split Limits Bodily Injury</th> <th style="width: 15%;">(Initials)</th> <th style="width: 15%;">Property Damage</th> <th style="width: 5%;">OR</th> <th style="width: 15%;">(Initials)</th> <th style="width: 20%;">Combined Single Limit</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$ 50,000/100,000</td> <td></td> <td style="text-align: center;">\$ 25,000</td> <td></td> <td></td> <td style="text-align: center;">\$ 125,000</td> </tr> <tr> <td></td> <td style="text-align: center;">100,000/300,000</td> <td></td> <td style="text-align: center;">50,000</td> <td></td> <td></td> <td style="text-align: center;">200,000</td> </tr> <tr> <td></td> <td style="text-align: center;">250,000/500,000</td> <td></td> <td style="text-align: center;">100,000</td> <td></td> <td></td> <td style="text-align: center;">250,000</td> </tr> <tr> <td></td> <td style="text-align: center;">300,000/500,000</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">300,000</td> </tr> <tr> <td></td> <td style="text-align: center;">500,000/500,000</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">350,000</td> </tr> <tr> <td></td> <td style="text-align: center;">500,000/1,000,000</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">500,000</td> </tr> <tr> <td></td> <td style="text-align: center;">1,000,000/1,000,000</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">1,000,000</td> </tr> <tr> <td></td> <td style="text-align: center;">1,000,000/2,000,000</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">2,000,000</td> </tr> <tr> <td></td> <td style="text-align: center;">(Other)</td> <td></td> <td style="text-align: center;">(Other)</td> <td></td> <td></td> <td style="text-align: center;">(Other)</td> </tr> </tbody> </table>	(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit		\$ 50,000/100,000		\$ 25,000			\$ 125,000		100,000/300,000		50,000			200,000		250,000/500,000		100,000			250,000		300,000/500,000					300,000		500,000/500,000					350,000		500,000/1,000,000					500,000		1,000,000/1,000,000					1,000,000		1,000,000/2,000,000					2,000,000		(Other)		(Other)			(Other)
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_____ Signature Of Applicant/Named Insured				_____ Date																																																																		

B. Rejection Of Property Damage Uninsured/Underinsured Motorists Coverage And Selection Of ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage

By completing this section, you are rejecting Property Damage Uninsured/Underinsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below:

(Initials)	<p>1. I reject Property Damage Uninsured/Underinsured Motorists Coverage and select ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.</p> <p>_____</p>			
	OR			
	<p>2. I reject Property Damage Uninsured/Underinsured Motorists Coverage and select ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage at the following limit(s):</p> <p>_____</p> <p>(Choose one.)</p>			
(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
	\$ 50,000/100,000			\$ 100,000
	100,000/300,000			200,000
	250,000/500,000			250,000
	300,000/500,000			300,000
	500,000/500,000			350,000
	500,000/1,000,000			500,000
	1,000,000/1,000,000			1,000,000
	1,000,000/2,000,000			2,000,000
	(Other)			(Other)
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>			<p>_____</p> <p>Date</p>	

C. Rejection Of Bodily Injury Uninsured/Underinsured Motorists Coverage And Selection Of ONLY Property Damage Uninsured/Underinsured Motorists Coverage

By completing this section, you are rejecting Bodily Injury Uninsured/Underinsured Motorists Coverage and selecting ONLY Property Damage Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate items and signing below:

_____ (Initials)	I reject Bodily Injury Uninsured/Underinsured Motorists Coverage and select ONLY Property Damage Uninsured/Underinsured Motorists Coverage at the following limit:	
	(Choose one.)	
	(Initials)	Property Damage
		\$ 25,000
		50,000
		100,000
		(Other)
_____ Signature Of Applicant/Named Insured		_____ Date

D. Rejection Of BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage

By initialing and signing below, you are rejecting Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage in its entirety.

_____ (Initials)	I reject BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage.	
_____ Signature Of Applicant/Named Insured		_____ Date