

## SOUTH DAKOTA SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE LIMITS

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

South Dakota law permits you to make certain decisions regarding Uninsured and 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 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.

### **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 owner or operator cannot be identified.

South Dakota law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the limits of your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, BUT not exceeding limits of \$100,000 for each person, subject to \$300,000 for each accident (split limits) or a Combined Single Limit of \$300,000 for each accident, UNLESS you select a higher limit.

### **UNDERINSURED MOTORISTS COVERAGE**

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.

South Dakota law requires that automobile liability policies include Underinsured Motorists Coverage at limits equal to the limits of your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, BUT not exceeding limits of \$100,000 for each person, subject to \$300,000 for each accident (split limits) or a Combined Single Limit of \$300,000 for each accident, UNLESS you select a higher limit.

Please indicate your choice from **A.** or **B.** as follows:

**A. Selection Of Limit(s) For Uninsured Motorists Coverage**

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

(Initials) 1. I select Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, unless my Bodily Injury Liability Coverage Limits exceed \$100,000 for each person subject to \$300,000 for each accident (split limits), or \$300,000 for each accident (combined single limit) in which case I select Uninsured Motorists Coverage at limits equal to \$100,000 for each person subject to \$300,000 for each accident (split limits) or \$300,000 for each accident (combined single limit).

\_\_\_\_\_

**OR**

(Initials) 2. My Bodily Injury Liability Coverage Limits exceed \$100,000 for each person subject to \$300,000 for each accident (split limits), or \$300,000 for each accident (combined single limit), and I select Uninsured Motorists Coverage at the following higher limits. (Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.)

\_\_\_\_\_

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limits
_____	\$ 250,000/500,000		_____	\$ 350,000
_____	300,000/300,000		_____	500,000
_____	500,000/1,000,000		_____	1,000,000
_____	1,000,000/1,000,000		_____	
_____	_____ (Other)		_____	_____ (Other)

\_\_\_\_\_

**Signature Of Applicant/Named Insured** **Date**

**B. Selection Of Limit(s) For Underinsured Motorists Coverage**

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

(Initials) 1. I select Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage, unless my Bodily Injury Liability Coverage Limits exceed \$100,000 for each person subject to \$300,000 for each accident (split limits), or \$300,000 for each accident (combined single limit) in which case I select Underinsured Motorists Coverage at limits equal to \$100,000 for each person subject to \$300,000 for each accident (split limits) or \$300,000 for each accident (combined single limit).

\_\_\_\_\_

**OR**

(Initials) 2. My Bodily Injury Liability Coverage Limits exceed \$100,000 for each person subject to \$300,000 for each accident (split limits), or \$300,000 for each accident (combined single limit), and I select Underinsured Motorists Coverage at the following higher limits. (Please note that we only offer Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.)

\_\_\_\_\_

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limits
_____	\$ 250,000/500,000		_____	\$ 350,000
_____	300,000/300,000		_____	500,000
_____	500,000/1,000,000		_____	1,000,000
_____	1,000,000/1,000,000		_____	(Other)
_____	_____ (Other)		_____	_____ (Other)

\_\_\_\_\_

**Signature Of Applicant/Named Insured** **Date**