

## GEORGIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Georgia law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document 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 or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Coverage – Added On To At-Fault Liability Limits provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limits of liability under any applicable bonds or policies.

Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

Georgia law generally requires that your policy include Uninsured Motorists Coverage – Added On To At-Fault Liability Limits, unless you reject Uninsured Motorist Coverage entirely or unless you instead select, for a reduced premium, Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.

Unless rejected, your policy must include Uninsured Motorists Coverage at limits not less than: (a) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or (b) a single limit of \$75,000 for each accident. These limits will be referred to as the "minimum limits" for Uninsured Motorists Coverage.

Your options with respect to Uninsured Motorists Coverage include:

**A. You may select Uninsured Motorists Coverage:**

1. You may select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits; or
2. You may reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.

In addition, you may select Uninsured Motorists Coverage at limits equal to the liability coverage limits of your policy or, if the liability coverage limits of your policy exceed the above referenced "minimum limits" for Uninsured Motorists Coverage, you may select Uninsured Motorists Coverage at limits less than the liability coverage limits of your policy but not less than the above referenced "minimum limits" for Uninsured Motorists Coverage.

**OR**

**B. You may reject Uninsured Motorists Coverage entirely.**

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

**A. Selection Of Uninsured Motorists Coverage**

Please indicate your choice by initialing next to the appropriate item(s) in Sections 1. AND 2.:

**1. Selection of either Uninsured Motorists Coverage – Added On To At-Fault Liability Limits or Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits**

Please indicate your choice by initialing next to the appropriate item(s) in **a.** OR **b.** below:

<p>(Initials) <b>a. I select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits.</b></p> <p>_____</p>	
<p><b>OR</b></p>	
<p>(Initials) <b>b. I reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.</b></p> <p>_____</p>	
<p>_____</p>	
<p style="text-align: center;"><b>Signature Of Applicant/Named Insured</b></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Date</b></p>

**2. Selection Of Uninsured Motorists Coverage Limits:**

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

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.

(Initials)	a.	<b>I select Uninsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits or Combined Single Limit).</b>				
_____						
<b>OR</b>						
(Initials)	b.	<b>I select Bodily Injury Uninsured Motorists Coverage And Property Damage Uninsured Motorists Coverage at the following limit(s):</b>				
_____						
<b>(Choose one Split Limits Bodily Injury option AND one Property Damage limit option OR one Combined Single Limit option from the following:)</b>						
(Initials)	<b>Split Limits Bodily Injury</b>	(Initials)	<b>Property Damage</b>	<b>OR</b>	(Initials)	<b>Combined Single Limit</b>
_____	\$ 25,000/50,000	_____	\$ 25,000		_____	\$ 75,000
_____	50,000/100,000	_____	50,000		_____	100,000
_____	100,000/200,000	_____	100,000		_____	200,000
_____	100,000/300,000	_____	150,000		_____	250,000
_____	250,000/500,000	_____	200,000		_____	300,000
_____	300,000/300,000	_____	250,000		_____	350,000
_____	500,000/500,000	_____	300,000		_____	500,000
_____	500,000/1,000,000	_____	500,000		_____	1,000,000
_____	1,000,000/1,000,000	_____	750,000		_____	
_____		_____	1,000,000		_____	
_____	(Other)	_____	(Other)		_____	(Other)
_____					_____	
<b>Signature Of Applicant/Named Insured</b>					<b>Date</b>	

**B. Rejection Of Uninsured Motorists Coverage**

If you wish to reject Uninsured Motorists Coverage entirely, you may do so by initialing and signing below.

<b>(Initials)</b> _____	<b>I reject Uninsured Motorists Coverage entirely.</b>
_____	_____
<b>Signature Of Applicant/Named Insured</b>	<b>Date</b>