

MONTANA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Montana law permits you to make certain decisions regarding Uninsured 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.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$25,000 for each person subject to \$50,000 for each accident; or (2) a single limit of \$50,000 for each accident, but you may select optional higher limits.

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

A. Selection Of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) 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) _____ I select Uninsured Motorists Coverage at the following limits: (Choose one):				
		Split Limits _____ \$ 25,000/50,000 _____ 50,000/100,000 _____ 100,000/200,000 _____ 100,000/300,000 _____ 250,000/500,000 _____ 300,000/300,000 _____ 500,000/500,000 _____ 500,000/1,000,000 _____ 1,000,000/1,000,000 _____ \$ _____ (Other)	OR	Combined Single Limits _____ \$ 50,000 _____ 60,000 _____ 75,000 _____ 100,000 _____ 200,000 _____ 250,000 _____ 300,000 _____ 350,000 _____ 500,000 _____ 1,000,000 _____ \$ _____ (Other)

OR

B. Rejection Of Uninsured Motorists Coverage

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

(Initials)

_____ I reject Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date