

VERMONT BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS

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

Vermont 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

Bodily Injury 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.

If your Bodily Injury Liability Coverage limits exceed: (1) split limits of \$50,000 for each person, subject to \$100,000 for each accident with respect to bodily injury, or (2) a combined single limit of \$100,000 for each accident, Bodily Injury Uninsured Motorists Coverage will be provided at limits equal to your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage, unless you select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage. However, you may not select Bodily Injury Uninsured Motorists Coverage less than: (1) split limits of \$50,000 for each person, subject to \$100,000 for each accident, or (2) a combined single limit of \$100,000 for each accident.

If you would like to reject Bodily Injury Uninsured Motorists Coverage equal to your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage and select lower limits, please indicate your choice by initialing and signing below:

(Initials) _____	I REJECT Bodily Injury Uninsured Motorists Coverage equal to my Bodily Injury Liability Coverage limit or Combined Single Limit for Liability Coverage and select the following lower limit(s). (Choose one:)			
(Initials) _____	Split Limits Bodily Injury	OR	(Initials) _____	Combined Single Limit
_____	\$ 50,000/100,000		_____	\$ 100,000
_____	100,000/200,000		_____	200,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	300,000/300,000		_____	350,000
_____	500,000/1,000,000		_____	500,000
_____	1,000,000/1,000,000		_____	1,000,000
_____	_____ (Other)		_____	_____ (Other)
_____ Signature Of Applicant/Named Insured			_____ Date	
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