

NEBRASKA SELECTION OF HIGHER UNINSURED/ UNDERINSURED MOTORISTS COVERAGE LIMITS (STATUTORY LIMITS)

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

Nebraska law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes these coverages 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 these coverages.

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/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.

Your policy must include Uninsured/Underinsured Motorists Coverage at limits equal to: 1) split limits of \$25,000 for each person/\$50,000 for each accident; or 2) a single limit of \$50,000 for each accident, UNLESS you select optional higher limits.

If you would like to select higher limits for Uninsured/Underinsured Motorists Coverage, please indicate your choice as follows:

Selection Of Higher Uninsured/Underinsured Motorists Coverage Limits

We make available the following limits for Uninsured/Underinsured Motorists Coverage that are higher than the limits described above up to split limits of \$100,000 for each person, subject to \$300,000 for each accident, or a single limit of \$300,000. Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials) _____	I select the following higher limits of Uninsured/Underinsured Motorists Coverage.			
(Choose One)				
(Initials) _____	Split Limits	OR	(Initials) _____	Combined Single Limit
	\$ 50,000/100,000			\$ 75,000
	100,000/200,000			100,000
	100,000/300,000			200,000
				250,000
				300,000
	_____ (Other)			_____ (Other)
_____ Signature Of Applicant/Named Insured			_____ Date	