

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Authority Member:

A. Bodily Injury Uninsured Motorists Coverage

Please indicate your choices by initialing next to the appropriate item(s) below.

1. Selection Of Bodily Injury Uninsured Motorists Coverage

(Initials)

I select Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Combined Single Limit for Liability Coverage.

2. Rejection Of Bodily Injury Uninsured Motorists Coverage

(Initials)

I reject Bodily Injury Uninsured Motorists Coverage entirely.

I delete Bodily Injury Uninsured Motorists Coverage only with respect to the following individuals:

(Name of Excluded Driver(s))

3. Lower Limit(s) For Bodily Injury Uninsured Motorists Coverage

(Initials)	I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Combined Single Limit for Liability Coverage and I select the following lower limits.
(Initials)	
\$	30,000
	40,000
	50,000
	60,000
	100,000
	250,000
	300,000
	500,000
	1,000,000
\$	
(Other)	

B. Property Damage Uninsured Motorists Coverage

Uninsured Motorists Coverage may also include Property Damage Uninsured Motorists Coverage. Property Damage Uninsured Motorists Coverage provides protection to a covered party for compensatory damages for injury to or destruction of a covered auto caused by an automobile accident which a covered party is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles. However, Property Damage Uninsured Motorists Coverage is available only:

1. If you have not rejected Bodily Injury Uninsured Motorists Coverage; and
2. For autos for which you have not purchased Collision Coverage.

Please indicate your choices by initialing next to the appropriate item(s) below.

(Initials) _____	I select Property Damage Uninsured Motorists Coverage at a limit of \$3,500 for each accident for the following vehicle(s): (Specify Year/Make/Model) _____ _____ _____
(Initials) _____ _____	I reject Property Damage Uninsured Motorists Coverage entirely. I delete Property Damage Uninsured Motorists Coverage only with respect to the following individuals: (Name of Excluded Driver(s)) _____ _____

Authority Member's Signature

Date