

VERMONT EXCESS UNINSURED MOTORISTS COVERAGE SELECTION FORM

INSURED _____ POLICY NUMBER _____
INSURANCE COMPANY _____
INSURANCE AGENCY _____

PLEASE SELECT ONE OF THE OPTIONS BELOW, SIGN AT THE BOTTOM AND RETURN THIS FORM TO YOUR AGENT.

State law requires that we inform you of the options you have concerning Uninsured Motorists Coverage - Bodily Injury. This applies even though this policy may provide excess liability for other exposures in addition to automobile liability insurance.

Uninsured Motorists Coverage provides for payment of a covered loss arising from an automobile accident which is not your fault and the other driver who is at fault has no insurance, has lower limits than you have, or cannot be identified.

With respect to Vermont Uninsured Motorists Coverage for Bodily Injury you may:

1. Purchase limits equal to the liability limit of this policy; or
2. Purchase limits less than the liability limits of this policy.

COVERAGE OPTIONS

Please check the appropriate boxes below indicating your choice:

1. Include excess Uninsured Motorists coverage with limits equal to the liability limit of this policy.
2. Purchase limits less than the liability limits of this policy. The limits I choose to purchase are \$ _____.

Please bear in mind that for either Item 1. or Item 2. you must have a primary Automobile Insurance Policy with Vermont Uninsured Motorists Limits for Bodily Injury of at least \$ _____ in order to qualify for excess Vermont Uninsured Motorists Coverage (Bodily Injury) under this policy.

If you check Item 1. or Item 2., you need to provide the following information about your primary Automobile Insurance Policy:

Name of Insurance Company _____
Policy Number _____ Effective and Expiration Dates _____
VT Uninsured Motorists Limit of Liability-Bodily Injury \$ _____

Applicant/Named Insured's Signature _____ Date _____

Signature of Agent _____ Date _____