

UNINSURED AND UNDERINSURED COVERAGE SELECTION FORM – INDIANA

NAME:

ADDRESS:

PROTECTION AGAINST UNINSURED/UNDERINSURED MOTORISTS

Indiana law permits you to make certain decisions regarding Uninsured Motorists Coverage (UM) and Underinsured Motorists Coverage (UIM). This document describes these coverages and the options available. You should read this document carefully.

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. 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.

Property Damage 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 injury to or destruction of a covered auto caused by an automobile accident. You may select this coverage subject to a \$300 deductible or no deductible.

In accordance with Indiana Statutes, your automobile or motor vehicle liability policy may have Uninsured Motorists coverage equal to the Bodily Injury and Property Damage Liability limits of your policy. You may, however, elect lower limits of Uninsured Motorists coverage, but not less than the Minimum Financial Responsibility Limits. You also have the option to reject Bodily Injury Uninsured and Underinsured Motorist coverage and Property Damage Uninsured Motorist coverage entirely. If Bodily Injury Uninsured and Underinsured Motorist coverage have been rejected then Property Damage Uninsured Motorist must also be rejected.

Please indicate your Uninsured Motorists coverage selection:

- I reject Bodily Injury and Property Damage Uninsured Motorists Coverage in its entirety.
- I select Bodily Injury Uninsured Motorists only and reject Property Damage Uninsured Motorists equal to my policy's liability limit.
- I select Bodily Injury and Property Damage Uninsured Motorists limits equal to my policy's liability limit.

I select Bodily Injury Uninsured Motorists limits less than my policy's liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage. Indicate your choice below:

- | | |
|---|--|
| <input type="checkbox"/> <u>Bodily Injury and Property Damage</u>
\$60,000 CSL (minimum limit) | <input type="checkbox"/> <u>Bodily Injury Only</u>
\$50,000 CSL (minimum limit) |
| <input type="checkbox"/> \$_____ CSL | <input type="checkbox"/> Other \$_____ CSL |

If Property Damage Uninsured Motorists has not been rejected then select your deductible option:

- I select Property Damage Uninsured Motorists limits at limits specified above with no deductible.
- I select Property Damage Uninsured Motorists limits at limits specified above with a deductible of \$300.

Bodily Injury 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 underinsured motor vehicle because of bodily injury caused by an automobile accident. In accordance with Indiana Statutes, your motor vehicle liability policy may have Underinsured Motorists coverage at limits equal to or greater than the minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident; or \$50,000 each accident Combined Single Limits (CSL). You may also reject Bodily Injury Underinsured Motorists coverage.

Please indicate your Underinsured Motorists coverage selection:

- I reject Bodily Injury Underinsured Motorists Coverage in its entirety.
- I select Bodily Injury Underinsured Motorists limits equal to my policy's bodily injury liability limit.
- I select Bodily Injury Underinsured Motorists limits less than my policy's bodily injury liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage.
I want a limit of _____

I understand that the coverage selection or rejection indicated above shall apply on the policy(s) in effect at the time this form is executed and all future renewal policies until I notify the insurance company IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	Date:
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