# INDIANA UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

| **Policy Number:** | **Policy Effective Date:** |
|---|---|
| **Company:** | **Producer:** |
| **Applicant/Named Insured:** | |

Indiana law permits you to make certain decisions regarding Uninsured Motorists Coverage and 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 Motorists Coverage or 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 MOTORISTS COVERAGE AND UNDERINSURED 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. 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 property damage caused by an automobile accident.

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.

Unless rejected, your policy will afford:

1. Bodily Injury Uninsured Motorists Coverage at limits equal to your Split Limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage.
2. Bodily Injury Underinsured Motorists Coverage at limits at least equal to your Split Limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage, unless your Split Limits for Bodily Injury Liability Coverage are less than $50,000, in which case your policy will afford Bodily Injury Underinsured Motorists Coverage at limits equal to $50,000 for each person subject to $50,000 for each accident.

If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also purchase Property Damage Uninsured Motorists Coverage, or you may reject such coverage.

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Please indicate your choices in Sections **I.** AND **II.** as follows:

**I. Uninsured Motorists Coverage**

Please indicate your choice from either **A., B.** or **C.** as follows:

**A. Selection Of Bodily Injury And Property Damage Uninsured Motorists Coverage**

By initialing and signing below, you are selecting Bodily Injury AND Property Damage Uninsured Motorists Coverage.

Please indicate your choice by initialing next to the appropriate item(s) in **1. a.** OR **1. b.** (Split Limits) or **2.** (Combined Single Limit) and signing where indicated.

**1. Split Limits**

Please note that we only offer Property Damage Uninsured Motorists Coverage limits up to the Property Damage Liability Coverage limit of your policy, even though higher limits may appear below.

**(Initials)**

_____ **a. I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) AND I select Property Damage Uninsured Motorists Coverage at a limit of $25,000 for each accident.**

**OR**

_____ **b. I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) AND I select Property Damage Uninsured Motorists Coverage at the following higher limit.**

**(Choose one:)**

| (Initials) | Property Damage |
|---|---|
| _____ | **$ 50,000** |
| _____ | **$ 100,000** |
| _____ | _____ **(Other)** |

_____ _____

**Signature Of Applicant/Named Insured** **Date**


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**2. Combined Single Limit**

| (Initials) | |
|---|---|
| _____ | **I select Bodily Injury and Property Damage Uninsured Motorists Coverage at a limit equal to my Combined Single Limit for Liability Coverage.** |

_____ _____

**Signature Of Applicant/Named Insured** **Date**

**OR**

**B. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of ONLY Bodily Injury Uninsured Motorists Coverage**

By initialing and signing below, you are rejecting Property Damage Uninsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured Motorists Coverage in connection with your automobile liability policy.

| (Initials) | |
|---|---|
| _____ | **I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.** |

_____ _____

**Signature Of Applicant/Named Insured** **Date**

**OR**

**C. Rejection Of BOTH Bodily Injury Uninsured Motorists Coverage And Property Damage Uninsured Motorists Coverage**

By initialing and signing below, you are rejecting Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in their entirety.

| (Initials) | |
|---|---|
| _____ | **I reject BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage.** |

_____ _____

**Signature Of Applicant/Named Insured** **Date**


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**II. Underinsured Motorists Coverage**

Please indicate your choice in Section **A.** or **B.:**

**A. Selection Of Bodily Injury Underinsured Motorists Coverage**

By initialing and signing below, you are selecting Bodily Injury Underinsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate items in **1.** OR **2.** and signing where indicated.

**1. Split Limits**

**(Initials)**

_____ **I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits), unless my Bodily Injury Liability Coverage Limits (split limits) are less than $50,000 for each person subject to $50,000 for each accident in which case I select Bodily Injury Underinsured Motorists Coverage at limits equal to $50,000 for each person subject to $50,000 for each accident.**

_____ _____

**Signature Of Applicant/Named Insured** **Date**

**2. Combined Single Limit**

**(Initials)**

_____ **I select Bodily Injury Underinsured Motorists Coverage at a limit equal to my Combined Single Limit for Liability Coverage.**

_____ _____

**Signature Of Applicant/Named Insured** **Date**

**OR**


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**B. Rejection Of Bodily Injury Underinsured Motorists Coverage**

By initialing and signing below, you are rejecting Bodily Injury Underinsured Motorists Coverage in connection with your automobile liability policy in its entirety.

**(Initials)**

_____ **I reject Bodily Injury Underinsured Motorists Coverage.**

_____ _____

**Signature Of Applicant/Named Insured** **Date**


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