

**APPLICATION FOR UNINSURED/UNDERINSURED
MOTORISTS COVERAGE**

Named Insured _____ Account No. _____

Address _____

City _____ County _____ State _____ Zip _____

Uninsured Motorists Coverage provides financial protection for Bodily Injury, for the occupants of your insured vehicle, against other at fault motorists who do not have Motor Vehicle Liability Insurance.

Underinsured Motorists Coverage provides financial protection for Bodily Injury, for the occupants of your insured vehicle, against other motorists who have an amount of Motor Vehicle Liability Insurance less than the limit of Underinsured Motorists Coverage you have purchased.

The selection you make below applies to all vehicles insured on the policy.

The signature must be of a person given the authority by the governing board to act on behalf of the Named Insured.

SELECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE

If you do not want Uninsured Motorists Coverage/Underinsured Motorists Bodily Injury Coverage, please complete this part:

We REJECT Uninsured/Underinsured Motorist Coverage in its entirety.

If you do not want Underinsured Motorists Coverage, please complete this part:

We REJECT Underinsured Motorist Coverage only.

 We select the following Uninsured/Underinsured Motorists Coverage Limit:

<u>Coverage</u>	<u>Initial Your Choice</u>
\$50,000	_____
\$100,000	_____
\$300,000	_____
\$500,000	_____
\$1,000,000	_____

Authorized Signature: _____

Title: _____

Date: _____

