

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

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

Idaho law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and provides you with choices from available options.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and 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 AND UNDERINSURED MOTORISTS COVERAGES

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.

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.

Please indicate your choice with respect to Uninsured Motorists Coverage from either **A.** or **B.** **AND** your choice with respect to Underinsured Motorists Coverage from either **C.** or **D.** as follows:

**A. Selection Of Uninsured Motorists Coverage Limits**

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below. Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below:

<b>(Initials)</b>			
_____ I select Uninsured Motorists Coverage at the following limits:			
<b>(Choose one):</b>			
<b>(Initials)</b>	<b>Split Limits</b>	<b>OR</b>	<b>(Initials) Combined Single Limits</b>
_____	\$ 25,000/50,000		_____ \$ 50,000
_____	50,000/100,000		_____ 75,000
_____	100,000/200,000		_____ 100,000
_____	100,000/300,000		_____ 200,000
_____	250,000/500,000		_____ 250,000
_____	300,000/300,000		_____ 300,000
_____	500,000/500,000		_____ 350,000
_____	500,000/1,000,000		_____ 500,000
_____	\$ _____		_____ 1,000,000
	(Other)		_____ \$ _____
			(Other)

OR

**B. Rejection Of Uninsured Motorists Coverage**

If you wish to reject Uninsured Motorists Coverage, you may do so by initialing and signing below:

<b>(Initials)</b>
_____ I reject Uninsured Motorists Coverage.

\_\_\_\_\_  
Signature Of Applicant/Named Insured

\_\_\_\_\_  
Date

**C. Selection Of Underinsured Motorists Coverage Limits**

If you wish to select Underinsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below. Please note that we only offer Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below:

<b>(Initials)</b>			
_____ I select Underinsured Motorists Coverage at the following limits:			
<b>(Choose one):</b>			
<b>(Initials)</b>	<b>Split Limits</b>	<b>OR</b>	<b>(Initials) Combined Single Limits</b>
_____	\$ 50,000/100,000		_____ \$ 75,000
_____	100,000/200,000		_____ 100,000
_____	100,000/300,000		_____ 200,000
_____	250,000/500,000		_____ 250,000
_____	300,000/300,000		_____ 300,000
_____	500,000/500,000		_____ 350,000
_____	500,000/1,000,000		_____ 500,000
_____	\$ _____		_____ 1,000,000
	<b>(Other)</b>		_____ \$ _____
			<b>(Other)</b>

OR

**D. Rejection Of Underinsured Motorists Coverage**

If you wish to reject Underinsured Motorists Coverage, you may do so by initialing and signing below:

<b>(Initials)</b>
_____ I reject Underinsured Motorists Coverage.

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