

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

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

Arizona law permits you to make certain decisions regarding **UN**insured Motorists Coverage and **UNDER**insured Motorists Coverage. This document 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 **UN**insured Motorists Coverage or **UNDER**insured 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 your policy provides.

### DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both UN**insured and **UNDER**insured Motorist coverages with the proposed automobile liability policy. **THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.**

**UN**insured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. **UNDER**insured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. Your policy provides **UN**insured/**UNDER**insured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both **UN**insured Motorist coverage and **UNDER**insured Motorist coverage at a \$30,000, \$60,000, \$750,000 or \$1,000,000 single limit up to your policy's bodily injury liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \_\_\_\_\_

**A. Mandatory Offer Of UNinsured Motorists Coverage**

Please indicate a choice from either 1., 2., or 3. below by initialing next to the appropriate item.

**1. Selection Of UNinsured Motorists Coverage**

<b>(Initials)</b> _____	<b>I select UNinsured Motorists Coverage at limits equal to the limits of my Liability Coverage. \$ _____</b>	<b>Premium</b>
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**2. Rejection Of UNinsured Motorist Coverage**

<b>(Initials)</b> _____	<b>I reject UNinsured Motorists Coverage.</b>
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**3. Rejection Of UNinsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

<b>(Initials)</b> _____	<b>I reject UNinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following Combined Single Limit limit:</b>		
	<b>(Initials)</b>	<b>Combined Single Limit</b>	<b>Premium</b>
	_____	\$30,000	\$ _____
	_____	\$60,000	\$ _____
	_____	\$750,000	\$ _____
	_____	\$1,000,000	\$ _____

**B. Mandatory Offer Of UNDERinsured Motorists Coverage**

Please indicate a choice from either 1., 2., or 3. below by initialing next to the appropriate item.

**1. Selection Of UNDERinsured Motorists Coverage**

<b>(Initials)</b> _____	<b>I select UNDERinsured Motorists Coverage at limits equal to the limits of my Liability Coverage. \$ _____</b>	<b>Premium</b>
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**2. Rejection Of UNDERinsured Motorist Coverage**

<p>(Initials)</p> <p>_____ I reject UNDERinsured Motorists Coverage.</p>
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**3. Rejection Of UNDERinsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

<p>(Initials)</p> <p>_____ I reject UNDERinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following Combined Single Limit:</p>		
(Initials)	Combined Single Limit	Premium
_____	\$30,000	\$ _____
_____	\$60,000	\$ _____
_____	\$750,000	\$ _____
_____	\$1,000,000	\$ _____

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy that are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

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Signed: \_\_\_\_\_  
(Named Insured) Date

Attached to application dated: \_\_\_\_\_