

**ARIZONA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE  
SELECTION OF LOWER LIMITS / REJECTION  
OF COVERAGE FORM**

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

**DO NOT SIGN UNTIL YOU READ:**

You have a legal right to purchase **both** Uninsured and Underinsured Motorists coverage with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

**A. DESCRIPTION OF UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**

Uninsured Motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured 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. This policy will provide Uninsured / Underinsured 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.

**B. SELECTION OF LOWER LIMITS / REJECTION OF COVERAGE OF UNINSURED AND/OR UNDERINSURED BODILY INJURY COVERAGE**

You have a right to purchase **both** Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Liability Limit on the policy: 1,000,000

**Options Available for Uninsured and Underinsured Motorist Coverages:**

<b><u>Un</u>insured Motorist Liability (please initial your selection)</b>	
_____	I accept Uninsured Motorist Bodily Injury Coverage at limits equal to my Bodily Injury Liability limits.
_____	I reject <u>Un</u> insured Motorist Bodily Injury Coverage at limits equal to my Bodily Injury Liability limits and select the following lower limit for <u>Un</u> insured Motorists Coverage:
_____	30,000                      _____ 250,000                      _____ 500,000
_____	50,000                      _____ 300,000                      _____ 1,000,000
_____	100,000                      _____ 350,000
_____	I do <b><u>not</u></b> wish to purchase <u>Un</u> insured Motorist coverage.

**CONTINUED ON PAGE 2**



250

of 52

15

**ARIZONA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE  
SELECTION OF LOWER LIMITS / REJECTION  
OF COVERAGE FORM**

<b><u>Under insured Motorist Liability</u> (please initial your selection)</b>		
_____	I accept Underinsured Motorist Bodily Injury Coverage at limits equal to my Bodily Injury Liability limits.	
_____	I reject <u>Under insured</u> Motorist Bodily Injury Coverage at limits equal to my Bodily Injury Liability limits and select the following lower limit for <u>Under insured</u> Motorists Coverage:	
	_____ 30,000	_____ 250,000
	_____ 50,000	_____ 300,000
	_____ 100,000	_____ 350,000
_____	I do <b><i>not</i></b> wish to purchase <u>Under insured</u> Motorist coverage.	

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 which are issued at the same Bodily Injury Liability limits. I understand that the options I have chosen above are binding on all other named insureds, insureds and applicants. If I decide to select another option at some future time, I must let the Company know in writing.

**DO NOT SIGN UNLESS YOU HAVE READ THIS FORM:**

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

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

of 52  
16