

**PROGRAM DIVISION
BULLETIN**

2007-16

May 8, 2007

**Georgia Uninsured/Underinsured Motorists Coverage
Umbrella/Excess Policies**

SUMMARY

On August 31, 2006 the Georgia Court of Appeals rendered a decision in the case of *Abrohams et al. v. Atlantic Mutual Insurance Agency* that has amended the original Statute of 2001 § OCGA 33-7-11 to include Umbrella/Excess Policies.

Specifically the court upheld that Underinsured- motorist coverage applies to the purchasers of an Umbrella/Excess Policy providing automobile coverage in the State of Georgia.

While Georgia Supreme Court has not specifically addressed whether UM/UIM coverage is required to be offered by an Umbrella/Excess Policy insurer we cannot rely upon a UM/UIM exclusion in this State.

Unless or until the Georgia Supreme Court decides to overturn the decision on appeal, we need to obtain the election/rejection form. If elected, the Insured may select a coverage limit up to the policy limit, but not less than the minimum required by the State.

Please note, you will need one form for the primary policy as well as the attached form for the umbrella/excess policy.

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100 Summer Street/19th Floor, Boston, MA 02110
phone 617-330-1100 / fax 617-330-8595

A copy of the election/rejection form is attached for your use.

If you have any questions, please contact your Program Manager for guidance.

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Named Insured

Policy Number

**GEORGIA NOTICE
UNINSURED MOTORISTS COVERAGE (UMBRELLA/EXCESS)**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORISTS COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.

Georgia law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Georgia's minimum requirement, which is split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury and \$25,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$75,000 each accident. You are not required to accept Uninsured Motorists Coverage at Georgia's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your policy's limit of liability. In addition, you may reject Uninsured Motorists Coverage in its entirety.

In accordance with Georgia law, the undersigned Named Insured, for each insured in the policy: (mark applicable item(s) with an "X")

- rejects Uninsured Motorists Coverage in its entirety. (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)
- has selected Uninsured Motorists Coverage with a coverage limit equal to Georgia's minimum requirement under their primary automobile policy.
Policy number: _____
Insurance carrier: _____
- selects Uninsured Motorists Coverage with a coverage limit equal to the policy's limit of liability
- selects Uninsured Motorists Coverage with the following coverage limit, which is not less than Georgia's minimum requirement, and not greater than the policy's limit of liability:
- \$_____ each accident (combined single limit)

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection(s) will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make a written request to change my selection(s), and such request is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title