

**PROGRAM DIVISION  
BULLETIN**

2008-09

March 19, 2008

**Georgia Uninsured Motorists Coverage and Notice  
Acknowledgement**

Effective immediately the Uninsured Motorists election/rejection forms are being replaced by the attached forms for Auto 62586 (2/08) and Umbrella/Excess 91824 (2/08).

These new forms have been updated to include the new required informational wording for the insured.

You will need to have the form completed on each renewal for the next year and on all new business.

The insured will need to check off the appropriate box for either election or rejection and one of the boxes concerning deductibles on form 62586 for the auto. Form 91824 only requires the appropriate election or rejection.

Both forms need to be signed, dated and maintained in the underwriting file.

Both forms are attached for your immediate use. These forms are not a policy form and therefore will not be in Coverall.

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

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**AIG**

**PROGRAM DIVISION**

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

Named Insured

Policy Number

**GEORGIA  
UNINSURED MOTORISTS COVERAGE  
AND NOTICE ACKNOWLEDGEMENT**

**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.)
- selects Uninsured Motorists Coverage with a coverage limit equal to Georgia's minimum requirement
  - split limits **OR**
  - combined single limit
- 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 person bodily injury  
\$\_\_\_\_\_ each accident bodily injury (subject to the each person limit)  
\$\_\_\_\_\_ each accident property damage **OR**
  - \$\_\_\_\_\_ each accident (combined single limit)
- agrees that no deductible is to apply to Uninsured Motorists Coverage
- requests additional information regarding the deductible amounts available (the minimum amount available is \$500), and the premium cost savings

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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

**IMPORTANT NOTICE:**

***The Rules and Regulations of the State of Georgia require that we provide you with notice containing the following information:***

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

Please sign below to confirm that we have provided you with notice containing the above information.

\_\_\_\_\_  
Signature of Applicant / Named Insured

\_\_\_\_\_  
Date Signed

Named Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

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

**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 \_\_\_\_\_

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\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

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\_\_\_\_\_  
Signature of Applicant / Named Insured

\_\_\_\_\_  
Date Signed