

Named Insured _____

Policy Number _____

**VIRGINIA NOTICE
UNINSURED MOTORISTS ALTERNATIVE COVERAGE SELECTION**

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.

Virginia law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator is unknown.

Unless you select Virginia Uninsured Motorists Coverage (Alternative Coverage) as described below, by default, any coverage that may be available subject to the provisions of the Virginia Uninsured Motorists Coverage endorsement for damages caused by an accident with an underinsured motor vehicle shall be paid in addition to any bodily injury liability or property damage liability coverage available for payment.

You have the option to select Virginia Uninsured Motorists Coverage (Alternative Coverage) by signing below. If you select this option, any coverage that may be available subject to the provisions of the Virginia Uninsured Motorists Coverage (Alternative Coverage) endorsement for damages caused by an accident with an underinsured motor vehicle may be reduced by any bodily injury liability or property damage liability coverage available for payment.

If you choose the default option for Virginia Uninsured Motorists Coverage to be paid in addition to any bodily injury liability or property damage liability coverage available for payment, no further action is needed. Do not complete this form.

Selection Of Virginia Uninsured Motorists Coverage (Alternative Coverage)

If you wish to select Virginia Uninsured Motorists Coverage (Alternative Coverage), you may do so by initialing and signing below.

(Initials)

_____ **I select Virginia Uninsured Motorists Coverage (Alternative Coverage).**

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 an election in writing to change my selection(s) which 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