

**ALASKA NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED AND UNDERINSURED 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.

Alaska law requires us to offer Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your policy’s limit of liability. Alaska law also requires us to offer the coverage limits shown on this Notice. If you accept Uninsured and Underinsured Motorists Coverage, the coverage limit you select may not be (i) greater than the highest available coverage limit shown on this Notice or (ii) lower than Alaska’s minimum requirement, which is split limits of \$50,000 each person bodily injury and (subject to the each person limit) \$100,000 each accident bodily injury and (subject to a \$250 deductible) \$25,000 each accident property damage. This coverage limit may be selected as a combined single limit of \$125,000 each accident. In addition, you may reject Uninsured and Underinsured Motorists Coverage in its entirety, you may reject the bodily injury portion of Uninsured and Underinsured Motorists Coverage, or you may reject the property damage portion of Uninsured and Underinsured Motorists Coverage.

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

- rejects Uninsured and Underinsured 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 and Underinsured Motorists Coverage with a coverage limit equal to Alaska’s minimum requirement
 - split limits **OR**
 - combined single limit
- selects Uninsured and Underinsured Motorists Coverage with a coverage limit equal to the policy’s limit of liability
- selects Uninsured and Underinsured Motorists Coverage with the following coverage limit, which is not less than Alaska’s minimum requirement, and not greater than the highest available coverage limit shown on this Notice:
 - \$ _____ each person bodily injury
 \$ _____ each accident bodily injury (subject to the each person limit)
 \$ _____ each accident property damage **OR**
 - \$ _____ each accident (combined single limit)

rejects the property damage portion of Uninsured and Underinsured Motorists Coverage and selects the bodily injury portion of Uninsured and Underinsured Motorists Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than the highest available coverage limit shown on this Notice:

\$ _____ each person bodily injury
 \$ _____ each accident bodily injury (subject to the each person limit) **OR**

\$ _____ each accident bodily injury (combined single limit)

rejects the bodily injury portion of Uninsured and Underinsured Motorists Coverage and selects the property damage portion of Uninsured and Underinsured Motorists Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than the highest available coverage limit shown on this Notice:

\$ _____ each accident property damage

Available limits are:

Combined Single Limit Uninsured and Underinsured Bodily Injury	Combined Single Limit Uninsured and Underinsured Bodily Injury and Property Damage	Split Limits Uninsured and Underinsured Bodily Injury	Property Damage
\$100,000	\$125,000	\$50,000/\$100,000	\$25,000
\$250,000	\$250,000	\$100,000/\$300,000	\$50,000
\$300,000	\$300,000	\$250,000/\$500,000	\$100,000
\$350,000	\$350,000	\$300,000/\$500,000	
\$500,000	\$500,000	\$500,000/\$1,000,000	
\$1,000,000	\$1,000,000	\$1,000,000/\$2,000,000	
\$2,000,000	\$2,000,000		

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured and Underinsured 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, 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