
Named Insured

Policy Number

**ARKANSAS NOTICE
UNINSURED MOTORISTS COVERAGE**

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.

Arkansas law requires us to provide Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit that is not less than Arkansas' Uninsured Motorists Bodily Injury Coverage 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 not greater than your policy's bodily injury limit of liability. Arkansas' Uninsured Motorists Bodily Injury Coverage minimum requirement may be provided as a combined single limit of \$50,000 each accident bodily injury. Arkansas law also requires us to offer you the opportunity to purchase Uninsured Motorists Property Damage Coverage with a coverage limit that is not less than Arkansas' Uninsured Motorists Property Damage Coverage minimum requirement, which is \$25,000 each accident property damage, and not greater than your policy's property damage limit of liability. Uninsured Motorists Property Damage Coverage is subject to a \$200 deductible.

If you do not carry passengers for a fee, you may reject Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage Coverage in their entirety. If you carry passengers for a fee, you must carry Uninsured Motorists Bodily Injury Coverage or become a self-insurer, with a coverage limit that is not less than the Arkansas minimum requirements identified above.

You may purchase Uninsured Motorists Bodily Injury Coverage without the Uninsured Motorists Property Damage Coverage, but you may not purchase the Uninsured Motorists Property Damage Coverage without the Uninsured Motorists Bodily Injury Coverage.

In accordance with Arkansas 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.)

Authorized Signature of Named Insured

Uninsured Motorists Bodily Injury Coverage

selects Uninsured Motorists Bodily Injury Coverage with a coverage limit equal to Arkansas' Uninsured Motorists Bodily Injury Coverage minimum requirement

split limits **OR**

combined single limit

Authorized Signature of Named Insured

selects Uninsured Motorists Bodily Injury Coverage with a coverage limit equal to the policy's bodily injury limit of liability

Authorized Signature of Named Insured

selects Uninsured Motorists Bodily Injury Coverage with the following coverage limit, which is not less than Arkansas' Uninsured Motorists Bodily Injury Coverage minimum requirement, and not greater than the policy's bodily injury limit of liability:

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

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

Authorized Signature of Named Insured

Uninsured Motorists Property Damage Coverage

rejects Uninsured Motorists Property Damage Coverage in its entirety

Authorized Signature of Named Insured

selects Uninsured Motorists Property Damage Coverage with the following coverage limit, which is not less than Arkansas' Uninsured Motorists Property Damage Coverage minimum requirement, and not greater than the policy's property damage limit of liability:

\$_____ each accident property damage

Authorized Signature of Named Insured

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