

Named Insured

Policy Number

**ILLINOIS NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

THE SELECTIONS 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.

Uninsured Motorist Bodily Injury Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death. Illinois law requires us to provide Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit equal to Illinois' minimum requirement, which is split limits of \$20,000 each person bodily injury and (subject to the each person limit) \$40,000 each accident bodily injury. This coverage limit may be provided as a combined single limit of \$40,000 each accident bodily injury.

Illinois law also requires that we offer you the opportunity to purchase additional Uninsured Motorists Bodily Injury Coverage. Accordingly, you may purchase a coverage limit greater than Illinois' minimum requirement, but the coverage limit you purchase may not be greater than your policy's bodily injury limit of liability. You are not required to purchase additional Uninsured Motorists Bodily Injury Coverage.

Underinsured Motorists Bodily Injury Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness, disease, or death. Illinois law requires that your policy includes Underinsured Motorists Bodily Injury Coverage. We are permitted by Illinois law to offer Underinsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage with the same coverage limit.

Illinois law also requires us to offer you the opportunity to purchase Uninsured Motorists Vehicle Property Damage Coverage for any private passenger or recreational motor vehicle that is not insured for collision coverage, with a coverage limit that is the *lesser of* (i) the vehicle's actual cash value or (ii) \$15,000, subject to a \$250 deductible. Uninsured Motorists Vehicle Property Damage Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of property damage to the motor vehicle described in the policy. You are not required to purchase Underinsured Motorists Vehicle Property Damage Coverage.

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

Uninsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage

rejects additional Uninsured Motorists Bodily Injury Coverage and selects Uninsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage with a coverage limit equal to Illinois' minimum requirement

split limits **OR**

combined single limit

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

selects Uninsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage with the following coverage limit, which is not less than Illinois' 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)

Uninsured Motorists Vehicle Property Damage Coverage

rejects Uninsured Motorists Vehicle Property Damage Coverage in its entirety

selects Uninsured Motorists Vehicle Property Damage Coverage

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured and Underinsured Motorists Coverage. I further understand and agree that my selections 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 selections, 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