

Named Insured

Policy Number

**INDIANA 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.**

Indiana law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your policy's limit of liability. You are not required to accept Uninsured and Underinsured Motorists Coverage at this coverage limit. You may select a lower Uninsured Motorists Coverage coverage limit, but the Uninsured Motorists Coverage coverage limit you select may not be lower than Indiana's Uninsured Motorists 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 (subject to a \$300 deductible) \$10,000 each accident property damage. This Uninsured Motorists Coverage coverage limit may be selected as a combined single limit of \$60,000 each accident.

You may also select a lower Underinsured Motorists Coverage coverage limit, but the Underinsured Motorists Coverage coverage limit you select may not be lower than Indiana's Underinsured Motorists Coverage 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. This Underinsured Motorists Coverage coverage limit may be selected as a combined single limit of \$100,000 each accident bodily injury. In addition, you may reject Uninsured and/or Underinsured Motorists Coverage in its entirety, or you may reject the property damage portion of Uninsured Motorists Coverage.

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

**Uninsured Motorists Coverage**

- rejects Uninsured Motorists Coverage in its entirety (If you choose this option, please proceed to the Underinsured Motorists Coverage section below.)
  
- selects Uninsured Motorists Coverage with a coverage limit equal to Indiana's Uninsured Motorists Coverage 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 Indiana's Uninsured Motorists Coverage 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)

rejects the property damage portion of Uninsured Motorists Coverage and selects the bodily injury portion of Uninsured Motorists Coverage with the following coverage limit, which is not less than Indiana's Uninsured Motorists 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)

**Underinsured Motorists Coverage**

rejects Underinsured Motorists Coverage in its entirety

selects Underinsured Motorists Coverage with a coverage limit equal to Indiana's Underinsured Motorists Coverage minimum requirement

split limits **OR**  
 combined single limit

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

selects Underinsured Motorists Coverage with the following coverage limit, which is not less than Indiana's Underinsured Motorists 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)

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