

Named Insured

Policy Number

**MAINE NOTICE
UNINSURED VEHICLE COVERAGE**

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

Maine law requires us to provide Uninsured Vehicle Coverage in your policy with a coverage limit equal to your policy's bodily injury limit of liability. You are not required to accept Uninsured Vehicle Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Maine's minimum requirement, which is split limits of \$50,000 each person and (subject to the each person limit) \$100,000 each accident. This coverage limit may be selected as a combined single limit of \$100,000 each accident.

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

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

agrees with the following statement: "I understand that Maine law requires uninsured motor vehicle coverage limits to equal the limits I have selected for liability coverage for bodily injury or death in this policy unless I expressly reject such an amount of coverage. Pursuant to the Maine Revised Statutes, Title 24-A, section 2902, subsection 2, I have elected to purchase uninsured motor vehicle coverage with lesser limits."

I elect to purchase

Uninsured Vehicle Coverage with a coverage limit equal to Maine's minimum requirement

split limits **OR**

combined single limit

Uninsured Vehicle Coverage with the following coverage limit, which is not less than Maine's minimum requirement, and not greater than the policy's bodily injury limit of liability:

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

\$ _____ each accident (combined single limit)

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