
Named Insured

Policy Number

**MONTANA 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.

Montana law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Montana's minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. This coverage limit may be provided as a combined single limit of \$50,000 each accident. You are not required to accept Uninsured Motorists Coverage at Montana's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your policy's bodily injury limit of liability. In addition, you may reject Uninsured Motorists Coverage in its entirety.

In accordance with Montana 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.)
- selects Uninsured Motorists Coverage with a coverage limit equal to Montana's minimum requirement
- split limits **OR**
- combined single limit
- selects Uninsured Motorists Coverage with a coverage limit equal to the policy's bodily injury limit of liability
- selects Uninsured Motorists Coverage with the following coverage limit, which is not less than Montana'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)
- selects stacked Uninsured Motorists Coverage
- waives stacked Uninsured Motorists Coverage

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