

Named Insured

Policy Number

**NEBRASKA 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.

Nebraska law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to Nebraska'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 and Underinsured Motorists Coverage at Nebraska'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 accordance with Nebraska law, the undersigned Named Insured, for each insured in the policy: (mark applicable item(s) with an "X")

selects Uninsured and Underinsured Motorists Coverage with a coverage limit equal to Nebraska's minimum requirement

split limits **OR**

combined single limit

selects Uninsured and Underinsured Motorists Coverage with the following coverage limit, which is not less than Nebraska's minimum requirement, and not greater than your 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 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