

Named Insured

Policy Number

**NEW JERSEY 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.

New Jersey law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to New Jersey's minimum requirement, which is split limits of \$15,000 each person bodily injury and (subject to the each person limit) \$30,000 each accident bodily injury and (subject to a \$500 deductible) \$5,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$35,000 each accident. You are not required to accept Uninsured and Underinsured Motorists Coverage at New Jersey's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the *lesser of* (i) \$250,000 each person bodily injury and (subject to the each person limit) \$500,000 each accident bodily injury and \$100,000 each accident property damage (or \$500,000 each accident combined single limit) or (ii) your policy's limit of liability.

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

selects Uninsured and Underinsured Motorists Coverage with a coverage limit equal to New Jersey'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 New Jersey's minimum requirement, and not greater than the *lesser of* (i) \$250,000 each person bodily injury and (subject to the each person limit) \$500,000 each accident bodily injury and \$100,000 each accident property damage (or \$500,000 each accident combined single limit) or (ii) your 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)

I understand that no person, including, but not limited to, an insurance company, its producers or representatives, shall be liable in an action for damages on account of the election of a given level of Uninsured and Underinsured Motorists Coverage by a named insured so long as those limits provide at least the minimum coverage required by law. I also understand that this immunity does not apply to those

situations where the insurance company, its producers or representatives, act or fail to act in a manner which is willful, wanton or grossly negligent.

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. The limits available for Uninsured and Underinsured Motorists Coverage have been explained to me, and my choices are shown above. 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