

Named Insured

Policy Number

**OREGON NOTICE
UNINSURED MOTORISTS COVERAGE**

THE SELECTIONS 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.

Oregon law requires us to provide Uninsured Motorists Bodily Injury 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 Motorists Bodily Injury Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Oregon's 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. This coverage limit may be selected as a combined single limit of \$50,000 each accident bodily injury.

Oregon law also requires us to offer you the opportunity to purchase Uninsured Motorists Property Damage Coverage. You may select a coverage limit for Uninsured Motorists Property Damage Coverage that is not less than Oregon's minimum requirement, which is \$10,000 each accident property damage, and not greater than your policy's property damage limit of liability. In addition, you may reject Uninsured Motorists Property Damage Coverage in its entirety. Uninsured Motorists Property Damage Coverage applies only to private passenger motor vehicles and is subject to a \$300 deductible for property damage caused by hit-and-run vehicles and a \$200 deductible for property damage caused by other than hit-and-run vehicles.

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

selects Uninsured Motorists Bodily Injury Coverage with a coverage limit equal to Oregon's minimum requirement

split limits **OR**

combined single limit

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

selects Uninsured Motorists Bodily Injury Coverage with the following coverage limit, which is not less than Oregon's 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)
[] rejects Uninsured Motorists Property Damage Coverage

[] selects Uninsured Motorists Property Damage Coverage with the following coverage limit, which is not less than \$10,000 each accident property damage and not greater than the policy's property damage limit of liability:

\$_____ each accident property damage

Comparison of prices for coverage (prices will be contained in your quote letter):

\$ _____ is the price per insured vehicle for Uninsured Motorists Bodily Injury Coverage at the limit which I, the Named Insured, have requested above.

\$ _____ is the price per insured vehicle for Uninsured Motorists Property Damage Coverage at the limit which I, the Named Insured, have requested above.

I understand the protection afforded by Uninsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured 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