

## **SOUTH CAROLINA**

### **OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE**

#### **I. EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. Automobile liability insurance coverage pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. Property damage coverage is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly-known as minimum limits. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage have been printed by your insurance company upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage have been printed by your insurance company upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, then this Form may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be canceled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, then you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this Form by your insurance agent or by your insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this Form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this Form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

**Office of Consumer Services**  
 State of South Carolina Department of Insurance  
 Capitol Center  
 1201 Main Street, Suite 1000  
 Columbia, South Carolina 29202  
 (803) 737-6180  
 (800) 768-3467  
 E-Mail Address: CnsmMail@doi.state.sc.us.

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

<b>Split Limits of Coverage</b>	<b>Amounts of Increased Premium</b> (These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)
\$25,000/\$50,000/\$25,000 Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy	
\$ _____ / \$ _____ / \$ _____	

<b>Single Limit of Coverage</b>	<b>Amounts of Increased Premium</b> (These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)
\$75,000 Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy	
\$ _____	

Your Policy's Liability Coverage Limits: \$ \_\_\_\_\_

Do you wish to purchase additional uninsured motorist coverage? ( ) YES ( ) NO

If your answer is "no", then you must then sign here. \_\_\_\_\_ ENTER SIGNATURE \_\_\_\_\_ You must also specify whether you want the coverage automatically provided by your insurance policy as split limits or as a Single Limit. I select [ ] \$25,000/\$50,000/\$25,000 or [ ] \$75,000.

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_/\_\_\_\_/\_\_\_\_ or Single Limit \_\_\_\_\_

**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

**Split Limits of Coverage**

**Amounts of Increased Premium**

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

\$ \_\_\_\_/\$ \_\_\_\_/\$ \_\_\_\_

**Single Limit of Coverage**

**Amounts of Increased Premium**

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

\$ \_\_\_\_\_

Your Policy's Liability Coverage Limits: \_\_\_\_\_

Do you wish to purchase underinsured motorist coverage? ( ) YES ( ) NO

If your answer is "no," then you must then sign here. \_\_\_\_\_

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_/\_\_\_\_/\_\_\_\_ or Single Limit \_\_\_\_\_

**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I, for each insured in the policy, have read, or have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I, for each insured in the policy, have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

All other terms, conditions, and exclusions of the policy remain unchanged.

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Authorized Signature of Named Insured

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Date Signed