

Named Insured

Policy Number

**SOUTH DAKOTA 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.

South Dakota law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your policy's bodily injury limit of liability. However, if your policy's bodily injury limit of liability is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident), we are only required to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident); unless you specifically request a coverage limit greater than this amount. In the event that you request a coverage limit greater than this amount, the coverage limit you select must equal your policy's bodily injury limit of liability.

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

Uninsured Motorists Coverage

My policy's bodily injury limit of liability is less than or equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident) and I select Uninsured Motorists Coverage with a coverage limit equal to my policy's bodily injury limit of liability

My policy's bodily injury limit of liability is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident) and I select Uninsured Motorists Coverage with a coverage limit equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident)

split limits **OR**

combined single limit

My policy's bodily injury limit of liability is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident) and I select Uninsured Motorists Coverage with a coverage limit equal to my policy's bodily injury limit of liability

Underinsured Motorists Coverage

My policy's bodily injury limit of liability is less than or equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000

each accident) and I select Underinsured Motorists Coverage with a coverage limit equal to my policy's bodily injury limit of liability

My policy's bodily injury limit of liability is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident) and I select Underinsured Motorists Coverage with a coverage limit equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident)

split limits **OR**

combined single limit

My policy's bodily injury limit of liability is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident) and I select Underinsured Motorists Coverage with a coverage limit equal to my policy's bodily injury limit of liability

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