
Named Insured

Policy Number

**UTAH 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.

Uninsured Motorist Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death. Underinsured Motorist Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness, disease, or death.

Utah law requires us to provide Uninsured and Underinsured Motorists Bodily Injury Coverage in your policy with a limit equal to your policy's bodily injury limit of liability. You are not required to accept Uninsured and Underinsured Motorists Coverage at this limit. You may select a lower Uninsured Motorists Coverage limit, but the Uninsured Motorists Coverage limit you select may not be lower than Utah's Uninsured Motorists Coverage minimum requirement, which is split limits of \$25,000 each person bodily injury, \$65,000 each accident bodily injury (subject to the each person limit), and \$15,000 for injury to, or destruction of, property of others arising out of the use of a motor vehicle in any one accident. This Uninsured Motorists Coverage limit may be selected as a combined single limit of \$80,000 each accident, whether arising from bodily injury or from destruction or damage to the property of others.

In addition, you may reject Uninsured Motorists Bodily Injury Coverage in its entirety; unless, you are (i) an entity, including a governmental entity, that is engaged in the business of, or that accepts payment for, transporting natural persons by motor vehicle or (ii) a school district that provides transportation services for your students, in which case you shall provide coverage for all vehicles used for these purposes, by purchase of a policy of insurance or by self- insurance, Uninsured Motorists Bodily Injury Coverage of at least \$25,000 each person and (subject to the each person limit) \$500,000 each accident.

You may also select a lower Underinsured Motorists Coverage limit, but the Underinsured Motorists Coverage limit you select may not be lower than Utah's Underinsured Motorists Coverage minimum requirement, which is split limits of \$10,000 each person bodily injury and (subject to the each person limit) \$20,000 each accident bodily injury. This Underinsured Motorists Coverage limit may be selected as a combined single limit of \$20,000 each accident bodily injury. In addition, you may reject Underinsured Motorists Coverage in its entirety.

Utah law also requires us to offer you the opportunity to purchase Uninsured Motorists Property Damage Coverage for motor vehicle(s) not insured for collision coverage. You may choose a coverage limit that is the *lesser of* (i) the vehicle's actual cash value or (ii) \$3,500, subject to a \$250 deductible, or elect a higher coverage limit subject to a higher deductible. Uninsured Motorists Property Damage Coverage is only available if you purchase Uninsured Motorists Bodily Injury Coverage. You may reject Uninsured Motorists Property Damage Coverage in its entirety.

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

Uninsured Motorists Coverage

Rejects Uninsured Motorists Coverage in its entirety (If you choose this option, please proceed to the Underinsured Motorists Coverage section below.)

Selects Uninsured Motorists Coverage with a limit equal to Utah's Uninsured Motorists Coverage minimum requirement

split limits

OR

combined single limit

Premium: \$_____

Selects Uninsured Motorists Coverage with a limit equal to the policy's bodily injury limit of liability

Premium: \$_____

Selects Uninsured Motorists Coverage with the following limit, which is not less than Utah's Uninsured Motorists Coverage 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)

Premium: \$_____

Underinsured Motorists Coverage

Rejects Underinsured Motorists Coverage in its entirety

Selects Underinsured Motorists Coverage with a limit equal to Utah's Underinsured Motorists Coverage minimum requirement

split limits

OR

combined single limit

Premium: \$_____

Selects Underinsured Motorists Coverage with a limit equal to the policy's bodily injury limit of liability

Premium: \$_____

Selects Underinsured Motorists Coverage with the following limit, which is not less than Utah's Underinsured Motorists Coverage 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)

Premium: \$_____

Uninsured Motorists Property Damage Coverage

Rejects Uninsured Motorists Property Damage Coverage in its entirety

Selects Uninsured Motorists Property Damage Coverage. The limit is the lesser of (i) the vehicle's actual cash value or (ii) \$3,500 subject to a \$250 deductible, or a higher coverage limit in the amount of \$_____ subject to a higher deductible in the amount of \$_____.

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