

Named Insured

Policy Number

**VERMONT 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.

Vermont law requires us to provide bodily injury Uninsured Motorists Coverage in your policy with a coverage limit equal to Vermont's minimum requirement, which is split limits of \$50,000 each person bodily injury and (subject to the each person limit) \$100,000 each accident bodily injury. This coverage limit may be provided as a combined single limit of \$100,000 each accident bodily injury. You are not required to accept Uninsured Motorists Coverage at Vermont's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your policy's bodily injury limit of liability. Vermont law also requires us to provide property damage Uninsured Motorists Coverage in your policy with a coverage limit equal to Vermont's minimum requirement, which is \$10,000 each accident property damage (and is subject to a \$150 deductible).

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

- selects bodily injury Uninsured Motorists Coverage with a coverage limit equal to Vermont's minimum requirement
- split limits **OR**
- combined single limit
- selects bodily injury Uninsured Motorists Coverage with the following coverage limit, which is not less than Vermont'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)
- acknowledges that property damage Uninsured Motorists Coverage in the amount of \$10,000 each accident is provided in the policy

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