

Named Insured

Policy Number

**WISCONSIN 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 Motorists Coverage provides protection for insureds under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles. Wisconsin law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Wisconsin's Uninsured Motorists Coverage minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. This coverage limit may be provided as a combined single limit of \$50,000 each accident. You are not required to accept Uninsured Motorists Coverage at Wisconsin's Uninsured Motorists Coverage 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.

Underinsured Motorists Coverage provides protection for insureds under the policy who are legally entitled to recover damages from owners or operators of underinsured motor vehicles. Wisconsin law also requires us to offer you the opportunity to purchase Underinsured Motorists Coverage. You may purchase Underinsured Motorists Coverage with a coverage limit that is not less than Wisconsin's Underinsured Motorists Coverage minimum requirement, which is split limits of \$50,000 each person and (subject to the each person limit) \$100,000 each accident. This coverage limit may be purchased as a combined single limit of \$100,000 each accident. In addition, you may select a greater coverage limit, but the coverage limit you select may not be greater than the *lesser* of (i) the limit you chose for Uninsured Motorists Coverage and (ii) your policy's bodily injury limit of liability. The Underinsured Motorists Coverage coverage limit you select may be reduced by payments from other sources.

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

Uninsured Motorists Coverage

selects Uninsured Motorists Coverage with a coverage limit equal to Wisconsin's Uninsured Motorists Coverage minimum requirement

split limits **OR**

combined single limit

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

selects Uninsured Motorists Coverage with the following coverage limit, which is not less than Wisconsin's Uninsured Motorists Coverage minimum requirement, and not greater than the policy's bodily injury limit of liability:

- \$ _____ each person
\$ _____ each accident (subject to the each person limit) **OR**
- \$ _____ each accident (combined single limit)

Underinsured Motorists Coverage

- rejects Underinsured Motorists Coverage in its entirety
- selects Underinsured Motorists Coverage with a coverage limit equal to Wisconsin's Underinsured Motorists Coverage minimum requirement
 - split limits **OR**
 - combined single limit
- selects Underinsured Motorists Coverage with the following coverage limit, which is not less than Wisconsin's Underinsured Motorists Coverage minimum requirement, and not greater than the *lesser* of (i) the limit chosen for Uninsured Motorists Coverage and (ii) the policy's bodily injury limit of liability:
 - \$ _____ each person
\$ _____ each accident (subject to the each person limit) **OR**
 - \$ _____ each accident (combined single limit)

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