

**ALABAMA NOTICE  
UNINSURED MOTORISTS COVERAGE  
SELECTION/REJECTION**

**THE SELECTION(S) 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.**

Alabama law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Alabama’s minimum vehicle liability insurance limit requirement for bodily injury, which is split limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit). This coverage limit may be provided as a combined single limit of \$50,000 each accident. Underinsured motorist coverage is included in uninsured motorist coverage. Uninsured Motorist Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, disease or death. You are not required to accept Uninsured Motorists Coverage at Alabama’s minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limits of your Bodily Injury Liability Coverage. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

In accordance with Alabama law, the undersigned Named Insured, for each insured in the policy: (mark applicable option(s) with an “X”)

rejects Uninsured Motorists Coverage in its entirety (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)

selects Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than Alabama’s minimum requirement, and not greater than the limits of my Bodily Injury Liability Coverage (please select one Split Limits UM option OR one Combined Single Limit UM option):

- |  |    |                                    |
|--|----|------------------------------------|
| <u>Split Limits UM</u>                     | OR | <u>Combined Single Limit UM</u>    |
| <input type="checkbox"/> 25,000/50,000     |    | <input type="checkbox"/> 50,000    |
| <input type="checkbox"/> 50,000/100,000    |    | <input type="checkbox"/> 75,000    |
| <input type="checkbox"/> 100,000/300,000   |    | <input type="checkbox"/> 100,000   |
| <input type="checkbox"/> 250,000/500,000   |    | <input type="checkbox"/> 125,000   |
| <input type="checkbox"/> 500,000/1,000,000 |    | <input type="checkbox"/> 150,000   |
|  |    | <input type="checkbox"/> 200,000   |
|  |    | <input type="checkbox"/> 250,000   |
|  |    | <input type="checkbox"/> 300,000   |
|  |    | <input type="checkbox"/> 350,000   |
|  |    | <input type="checkbox"/> 400,000   |
|  |    | <input type="checkbox"/> 500,000   |
|  |    | <input type="checkbox"/> 600,000   |
|  |    | <input type="checkbox"/> 750,000   |
|  |    | <input type="checkbox"/> 1,000,000 |
|  |    | <input type="checkbox"/> 1,500,000 |
|  |    | <input type="checkbox"/> 2,000,000 |

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection(s) 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 an election in writing to change my selection(s) which is received and approved by the Company.

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

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Effective Date

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Authorized Signature of Named Insured

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Date Signed

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Name and Title

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Effective Date

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Authorized Signature of Named Insured on behalf of any of its subsidiaries or affiliates which may be covered under this policy as a Named Insured

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Date Signed

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Name and Title