

Named Insured

Policy Number

**ALASKA NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

THE SELECTION(S) 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.

Alaska law requires us to offer Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your policy's limit of liability. Alaska law also requires us to offer other coverage limits shown on this Notice. If you accept Uninsured and Underinsured Motorists Bodily Injury Coverage, the coverage limit you select may not be greater than the highest available coverage limit shown on this Notice or lower than Alaska's minimum requirement, which is split limits of \$50,000 each person and \$100,000 each accident (subject to the each person limit). If you accept Uninsured and Underinsured Motorists Property Damage Coverage, the coverage limit you select may not be greater than your Liability Coverage limit or lower than Alaska's minimum requirement, which is \$25,000 each accident (subject to a \$250 deductible). Uninsured and Underinsured Motorists Coverage may be selected as a combined single limit of \$125,000 each accident (bodily injury and property damage).

Alternatively, you may reject Uninsured and Underinsured Motorists Coverage in its entirety, or you may reject either the bodily injury portion or the property damage portion of Uninsured and Underinsured Motorists Coverage.

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

rejects Uninsured and Underinsured 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.)

rejects the property damage portion of Uninsured and Underinsured Motorists (UM/UIM) Coverage and selects the bodily injury (BI) portion of UM/UIM Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than the highest available coverage limit shown on this Notice. [Please select one UM/UIM BI each person/each accident split limit option OR one each accident single limit option]:

<u>UM/UIM BI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UM/UIM BI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 300,000/500,000		<input type="checkbox"/> 200,000
<input type="checkbox"/> 500,000/500,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 500,000/1,000,000		<input type="checkbox"/> 300,000
<input type="checkbox"/> 1,000,000/2,000,000		<input type="checkbox"/> 350,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<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

Limit equal to the limit of my Liability Coverage

rejects the bodily injury (BI) portion of Uninsured and Underinsured Motorists (UM/UIM) Coverage and selects the property damage (PD) portion of UM/UIM Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than my Liability Coverage limit. [Please select one UM/UIM PD option]:

UM/UIM PD Limit (Each Accident)

- 25,000
- 50,000
- 100,000

selects Uninsured and Underinsured Motorists (UM/UIM) Bodily Injury (BI) Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than the highest available coverage limit shown on this Notice and selects UM/UIM Property Damage (PD) Coverage with the following coverage limit, which is not less than Alaska's minimum requirement, and not greater than my Liability Coverage limit. [Please select one UM/UIM BI option (each person/each accident limits) AND one UM/UIM PD option (each accident), OR one Combined Single Limit (CSL) UM/UIM BI & PD option (each accident)]:

<u>UM/UIM BI Limits</u> <u>(Each Person/ Each Accident)</u>	AND	<u>UM/UIM PD Limit</u> <u>(Each Accident)</u>	OR	<u>UM/UIM BI & PD CSL</u> <u>(Each Accident)</u>
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 25,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 50,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 100,000		<input type="checkbox"/> 200,000
<input type="checkbox"/> 300,000/500,000				<input type="checkbox"/> 250,000
<input type="checkbox"/> 500,000/500,000				<input type="checkbox"/> 300,000
<input type="checkbox"/> 500,000/1,000,000				<input type="checkbox"/> 350,000
<input type="checkbox"/> 1,000,000/2,000,000				<input type="checkbox"/> 400,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage				<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
				<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured and Underinsured 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.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title

62567 (05/25)