

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 the coverage limits shown on this Notice. If you accept Uninsured and Underinsured Motorists Bodily Injury Coverage, the coverage limit you select may not be (i) greater than the highest available coverage limit shown on this Notice or (ii) lower than Alaska’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. If you accept Uninsured and Underinsured Property Damage Coverage, the coverage limit you select may not be (i) greater than your Property Damage Liability Coverage or (ii) lower than Alaska’s minimum requirement, which is \$25,000 each accident property damage (subject to a \$250 deductible). This coverage limit may be selected as a combined single limit of \$125,000 each accident. Alternatively, you may reject Uninsured and Underinsured Motorists Coverage in its entirety, you may reject the bodily injury portion of Uninsured and Underinsured Motorists Coverage, or you may reject 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.)

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 Property Damage Liability Coverage. [Please select one Split Limits UM/UIM BI option AND one UM/UIM PD option, OR one Combined Single Limit (CSL) UM/UIM (BI & PD) option from the following]:

| <u>Split Limits UM/UIM BI</u> | <u>UM/UIM PD</u> | <u>OR</u> | <u>CSL UM/UIM (BI & PD)</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"/> 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 |

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 Split Limits UM/UIM BI option OR one Combined Single Limit (CSL) UM/UIM BI option from the following]:

- | <u>Split Limits UM/UIM BI</u> | OR | <u>CSL UM/UIM BI</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"/> 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 |

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 Property Damage Liability Coverage. [Please select one UM/UIM PD option from the following]:

- UM/UIM PD
 25,000
 50,000
 100,000

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