

Named Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

**ARIZONA  
UNINSURED AND UNDERINSURED MOTORIST COVERAGE  
OFFER AND SELECTION/REJECTION FORM**

Arizona law permits you to make certain decisions regarding Uninsured Motorist Coverage and Underinsured Motorist Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact your agent if you have any questions regarding Uninsured Motorist Coverage or Underinsured Motorist Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages your policy provides.

**DO NOT SIGN UNTIL YOU READ**

You have a legal right to purchase *both* Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured Motorist Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorist Coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured Motorist Coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from \$50,000 single limit (or \$25,000/\$50,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury. If your policy covers certain vehicles which are used to transport passengers (as defined under Arizona law), then there may be a different mandatory minimum Uninsured Motorist Coverage limit required under Arizona law. Please discuss with your broker whether these mandatory minimum limits apply.

Your Bodily Injury Limit on the policy: \_\_\_\_\_

**A. Mandatory Offer Of UNinsured Motorist Coverage**

Please indicate a choice from either **1.**, **2.**, or **3.** below by initialing next to the appropriate option.

**1. Selection Of UNinsured Motorist Coverage**

(Initials) _____	<b>I select UNinsured Motorist Coverage at limits equal to the limits of my Liability Coverage.</b>	Premium* \$ _____
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**2. Rejection Of UNinsured Motorist Coverage**

<p>(Initials)</p> <p>_____ I reject UNinsured Motorist Coverage.</p>
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**3. Rejection Of UNinsured Motorist Coverage At Limits Equal To Liability Coverage Limits**

(Initials)

\_\_\_\_\_ I reject UNinsured Motorist Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits:

**(Choose one):**

(Initials)	<u>Split Limits</u>	Premium*	OR	(Initials)	<u>Combined Single Limit</u>	Premium*
_____ [ ]	25,000/50,000	_____		_____ [ ]	50,000	_____
_____ [ ]	50,000/100,000	_____		_____ [ ]	65,000	_____
_____ [ ]	100,000/300,000	_____		_____ [ ]	100,000	_____
_____ [ ]	250,000/500,000	_____		_____ [ ]	125,000	_____
_____ [ ]	500,000/1,000,000	_____		_____ [ ]	150,000	_____
_____ [ ]	1,000,000/2,000,000	_____		_____ [ ]	200,000	_____
_____ [ ]	2,500,000/5,000,000	_____		_____ [ ]	250,000	_____
_____ [ ]	5,000,000/10,000,000	_____		_____ [ ]	300,000	_____
				_____ [ ]	350,000	_____
				_____ [ ]	400,000	_____
				_____ [ ]	500,000	_____
				_____ [ ]	600,000	_____
				_____ [ ]	750,000	_____
				_____ [ ]	1,000,000	_____
				_____ [ ]	1,500,000	_____
				_____ [ ]	2,000,000	_____
				_____ [ ]	2,500,000	_____
				_____ [ ]	3,000,000	_____
				_____ [ ]	5,000,000	_____
				_____ [ ]	7,500,000	_____
				_____ [ ]	10,000,000	_____



_____	[ ] 2,000,000	_____
_____	[ ] 2,500,000	_____
_____	[ ] 3,000,000	_____
_____	[ ] 5,000,000	_____
_____	[ ] 7,500,000	_____
_____	[ ] 10,000,000	_____

\*The premium included in this notice is an estimate and is subject to change based on the actual type and number of vehicles covered under the policy, the states in which the vehicles are garaged and/or registered, and the type of program in place.

**DO NOT SIGN UNTIL YOU READ**

I understand the protection afforded by Uninsured and Underinsured Motorist Coverage and the selection(s) I have made on this Notice regarding Uninsured and Underinsured Motorist Coverage. I further understand and agree to the following: this form reflects the Company's offer of Uninsured and Underinsured Motorist Coverage options made to me; 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; and my policy Declarations Page(s) will be sent to me to confirm that my policy contains the Uninsured and Underinsured Motorist Coverage I selected.

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Authorized Signature of Named Insured

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title