

Named Insured

Policy Number

**ARKANSAS 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.**

Arkansas law requires us to provide Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit that is not less than Arkansas' Uninsured Motorists Bodily Injury Coverage minimum requirement, which is limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to each person limit), and not greater than the Bodily Injury Liability Coverage limits of your policy. Arkansas' Uninsured Motorists Bodily Injury Coverage minimum requirement may be provided as a single limit of \$50,000 each accident bodily injury.

Arkansas law also requires us to offer you the opportunity to purchase Uninsured Motorists Property Damage Coverage with a coverage limit that is not less than Arkansas' Uninsured Motorists Property Damage Coverage minimum requirement, which is \$25,000 each accident property damage, and not greater than the Property Damage Liability Coverage limit of your policy. This coverage is subject to a deductible of \$200 unless: (1) the vehicle involved in the accident is insured by the same insurer for both collision and Uninsured Motorist Property Damage coverage; and (2) the operator of the other vehicle has been positively identified and is solely at fault.

If you do not carry passengers for a fee, you may reject Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage Coverage in their entirety. If you carry passengers for a fee, you must carry Uninsured Motorists Bodily Injury Coverage or become a self-insurer, with a coverage limit that is not less than the Arkansas minimum requirements identified above.

You may purchase Uninsured Motorists Bodily Injury Coverage without Uninsured Motorists Property Damage Coverage, but you may not purchase Uninsured Motorists Property Damage Coverage without Uninsured Motorists Bodily Injury Coverage.

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

**Rejection of Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage Coverage**

[ ] rejects Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage 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.)

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

**Uninsured Motorists Bodily Injury Coverage**

[ ] selects Uninsured Motorists Bodily Injury (UMBI) Coverage with the following coverage limit(s), which is not less than Arkansas' UMBI minimum requirement, and not greater than the Bodily Injury Liability Coverage limit(s) of my policy (please select one UMBI each person/each accident split limit option OR one each accident single limit option):

UMBI Limits  
(Each Person/Each Accident)

- 25,000/50,000
- 50,000/100,000
- 100,000/300,000
- 250,000/500,000
- 500,000/1,000,000
- Limits equal to the limits  
of my Liability Coverage

OR

UMBI Limit  
(Each Accident)

- 50,000
- 75,000
- 100,000
- 125,000
- 150,000
- 200,000
- 250,000
- 300,000
- 350,000
- 400,000
- 500,000
- 600,000
- 750,000
- 1,000,000
- 1,500,000
- 2,000,000
- Limit equal to the limit of my Liability  
Coverage

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Authorized Signature of Named Insured

**Uninsured Motorists Property Damage Coverage**

(You may not purchase Uninsured Motorists Property Damage Coverage without Uninsured Motorists Bodily Injury Coverage.)

- rejects Uninsured Motorists Property Damage Coverage in its entirety (this selection means that UMBI was selected).

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Authorized Signature of Named Insured

- selects Uninsured Motorists Property Damage (UMPD) Coverage with the following coverage limit, which is not less than Arkansas' UMPD minimum requirement, and not greater than the Property Damage Liability Coverage limit of my policy (please select one UMPD option - this selection means that UMBI was selected):

UMPD Limit  
(Each Accident)

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

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Authorized Signature of Named Insured

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.

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

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

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

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