

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 split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury, 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 combined 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 Coverage limit of your policy.

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 the Uninsured Motorists Property Damage Coverage, but you may not purchase the Uninsured Motorists Property Damage Coverage without the 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, which is not less than Arkansas' UMBI minimum requirement, and not greater than the Bodily Injury Liability Coverage limits of my policy (please select one Split Limits UMBI option OR one Combined Single Limit UMBI option):

- Split Limits UMBI  
 25,000/50,000  
 50,000/100,000  
 100,000/300,000  
 250,000/500,000  
 500,000/1,000,000

OR

- Combined Single Limit UMBI  
 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

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Authorized Signature of Named Insured

**Uninsured Motorists Property Damage Coverage** (You may not purchase Uninsured Motorists Property Damage Coverage without the 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 Coverage limit of my policy (please select one UMPD option- this selection means that UMBI was selected):

- UMPD  
 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