

Named Insured

Policy Number

**CALIFORNIA NOTICE
UNINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

THE SELECTIONS 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.

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

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

DELETION OF UNINSURED MOTORISTS BODILY INJURY COVERAGE (REJECTION)

☐ agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.

SELECTION OF UNINSURED MOTORISTS BODILY INJURY COVERAGE

☐ selects Uninsured Motorists Bodily Injury (UMBI) Coverage with the following coverage limit, which is not less than \$30,000 each person and \$60,000 each accident (subject to the each person limit) or \$60,000 each accident single limit, and not greater than the limits of my Liability Coverage (please select one UMBI each person/each accident split limit option OR one each accident single limit option).

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UMBI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 30,000/60,000		<input type="checkbox"/> 60,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 350,000
<input type="checkbox"/> 500,000/1,000,000		<input type="checkbox"/> 500,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<input type="checkbox"/> 1,000,000
		<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

(OPTIONAL COVERAGE IF POLICY PROVIDES UMBI COVERAGE AND DOES NOT PROVIDE COLLISION COVERAGE FOR INSURED VEHICLES)

Under California law, it is required that the insurer offer to cover property damage on an insured motor vehicle which is caused by the owner or operator of an uninsured motor vehicle, provided that Uninsured Motorists Coverage for bodily injury is not deleted from your policy and there is no collision coverage on the insured motor vehicle. Such coverage of loss or damage by collision shall not exceed the motor vehicle's actual cash value or \$3,500, whichever is less. The insured may elect to accept such coverage or to waive such coverage. Property damage does not include loss of use of the motor vehicle.

☐ waives Uninsured Motorists Property Damage Coverage.

☐ accepts Uninsured Motorists Property Damage Coverage (applicable only to motor vehicle(s) without collision coverage).

WAIVER OF COLLISION DEDUCTIBLE FOR COLLISION WITH UNINSURED VEHICLE

(OPTION AVAILABLE IF POLICY PROVIDES UMBI COVERAGE AND COLLISION COVERAGE FOR INSURED VEHICLES)

California law further requires that where a policy of motor vehicle liability insurance includes collision coverage for insured motor vehicles, subject to a deductible to be paid by the insured, that the insurer offer an option to waive the collision deductible in the event of a collision involving an uninsured motor vehicle and a vehicle, including a trailer, insured under the policy and owned by the named insured. You may elect to waive or to apply the collision deductible. This offer to waive the collision deductible does not apply if you elected to delete Uninsured Motorists Bodily Injury Coverage from your policy.

☐ rejects the insurer's offer to waive the collision deductible for property damage in the event of a collision involving an uninsured motor vehicle and a motor vehicle afforded collision coverage under the policy.

☐ accepts the insurer's offer to waive the collision deductible for property damage in the event of a collision involving an uninsured motor vehicle and a motor vehicle afforded collision coverage under the policy.

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