

Named Insured

Policy Number

**COLORADO 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.

Under Colorado law, you may purchase Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit equal to Colorado's minimum vehicle liability insurance limit requirement for bodily injury, which is split limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit). This coverage limit may be provided as a combined single limit of \$50,000 each accident. Underinsured Motorists Coverage is included in Uninsured Motorists Bodily Injury Coverage. Uninsured Motorists Bodily Injury Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, disease or death. You are not required to accept Uninsured Motorists Coverage at Colorado's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the Bodily Injury Liability limits of your policy. Alternatively, you may reject Uninsured Motorists Bodily Injury Coverage in its entirety.

If you purchase Uninsured Motorists Coverage for Bodily Injury and your policy does not also provide insurance for collision coverage, you may also purchase Uninsured Motorists Coverage for Property Damage (subject to a \$250 property damage deductible).

In accordance with Colorado 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.)

Uninsured Motorists Bodily Injury Coverage (please select one choice)

selects Uninsured Motorists Bodily Injury (UMBI) Coverage with the following coverage limit, which is not less than Colorado's minimum requirement, and not greater than the Bodily Injury Liability limits of my policy (please select one Split Limits UMBI option OR one Combined Single Limit UMBI option):

<u>Split Limits UMBI</u>	OR	<u>Combined Single Limit UMBI</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 65,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 500,000/1,000,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 1,000,000/2,000,000		<input type="checkbox"/> 200,000
<input type="checkbox"/> 2,500,000/5,000,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 5,000,000/10,000,000		<input type="checkbox"/> 300,000
		<input type="checkbox"/> 350,000
		<input type="checkbox"/> 400,000
		<input type="checkbox"/> 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

Uninsured Motorists Property Damage Coverage (you may only select an option below if you purchase Uninsured Motorists Coverage for Bodily Injury and your policy does not also provide insurance for collision coverage). If selected, Uninsured Motorists Property Damage Coverage will cover the actual cash value of the vehicle or the cost of repair or replacement, whichever is less.

selects Uninsured Motorists Property Damage Coverage (this selection means that UMBI was selected).

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

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