
Named Insured

Policy Number

**CONNECTICUT INFORMED CONSENT FORM
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

Connecticut law requires you to buy uninsured motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$25,000 per person and \$50,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorist (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by worker's compensation, or by or on behalf of the person at fault.

Under Connecticut law, you can convert standard UIM coverage to CONVERSION UNDERINSURED MOTORIST (Conversion UIM) coverage. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at fault person's insurance, or other payments, your Conversion UIM coverage will be available for damages not paid.

Both standard UIM and Conversion UIM coverages only become available after the liability insurance of the at fault person has been fully paid.

STACKING.

Connecticut law does not provide for stacking of UM/UIM coverage. Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage you received (and you paid for) \$200,000 of protection. Under current law, the purchased amount (\$100,000) is not multiplied by the number of cars insured.

Also, your UM/UIM coverage will be limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own, you are limited to the amount of coverage for that car.

LIMITS.

If you do not check a box below, your policy will be issued/renewed with the standard UIM coverage (not Conversion UIM coverage) with limits equal to your Bodily Injury Liability (BI) coverage limits.

If you check more than one box, your policy will be issued/renewed with the highest level of coverage selected.

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

[] agrees to UM coverage and standard UIM coverage of the following limits:

	<u>Premium*</u>
[] bodily injury limit statutory minimum**	\$ _____
[] \$ 50,000 each person/\$100,000 each accident	\$ _____
[] \$ 100,000 each person/\$300,000 each accident	\$ _____
[] \$ 250,000 each person/\$500,000 each accident	\$ _____
[] \$ 500,000 each person/\$1,000,000 each accident	\$ _____
[] \$ 1,000,000 each person/\$2,000,000 each accident	\$ _____
[] \$ 2,500,000 each person/\$5,000,000 each accident	\$ _____
[] \$ 5,000,000 each person/\$10,000,000 each accident	\$ _____
[] \$ 50,000 each accident (single limit)	\$ _____
[] \$ 75,000 each accident (single limit)	\$ _____
[] \$ 80,000 each accident (single limit)	\$ _____
[] \$ 100,000 each accident (single limit)	\$ _____
[] \$ 125,000 each accident (single limit)	\$ _____
[] \$ 150,000 each accident (single limit)	\$ _____
[] \$ 200,000 each accident (single limit)	\$ _____
[] \$ 250,000 each accident (single limit)	\$ _____
[] \$ 300,000 each accident (single limit)	\$ _____
[] \$ 350,000 each accident (single limit)	\$ _____
[] \$ 400,000 each accident (single limit)	\$ _____
[] \$ 500,000 each accident (single limit)	\$ _____
[] \$ 600,000 each accident (single limit)	\$ _____
[] \$ 700,000 each accident (single limit)	\$ _____
[] \$ 750,000 each accident (single limit)	\$ _____
[] \$ 1,000,000 each accident (single limit)	\$ _____
[] \$ 1,500,000 each accident (single limit)	\$ _____
[] \$ 2,000,000 each accident (single limit)	\$ _____
[] \$ 2,500,000 each accident (single limit)	\$ _____
[] \$ 3,000,000 each accident (single limit)	\$ _____
[] \$ 5,000,000 each accident (single limit)	\$ _____
[] \$ 7,500,000 each accident (single limit)	\$ _____
[] \$10,000,000 each accident (single limit)	\$ _____
[] Limit equal to the policy liability limit	\$ _____
[] Limit equal to double the policy liability limit	\$ _____

** If you select the statutory minimum option, UM coverage will be provided at limits of \$25,000 each person/\$50,000 each accident and standard UIM coverage will be provided at limits of \$50,000 each person/\$100,000 each accident.

agrees to UM coverage and Conversion UIM coverage of the following limits:

	<u>Premium*</u>
<input type="checkbox"/> bodily injury limit statutory minimum (\$25,000 each person/\$50,000 each accident)	\$ _____
<input type="checkbox"/> \$ 50,000 each person/\$100,000 each accident	\$ _____
<input type="checkbox"/> \$ 100,000 each person/\$300,000 each accident	\$ _____
<input type="checkbox"/> \$ 250,000 each person/\$500,000 each accident	\$ _____
<input type="checkbox"/> \$ 500,000 each person/\$1,000,000 each accident	\$ _____
<input type="checkbox"/> \$ 1,000,000 each person/\$2,000,000 each accident	\$ _____
<input type="checkbox"/> \$ 2,500,000 each person/\$5,000,000 each accident	\$ _____
<input type="checkbox"/> \$ 5,000,000 each person/\$10,000,000 each accident	\$ _____
<input type="checkbox"/> \$ 50,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 75,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 80,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 100,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 125,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 150,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 200,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 250,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 300,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 350,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 400,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 500,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 600,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 700,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 750,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 1,000,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 1,500,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 2,000,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 2,500,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 3,000,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 5,000,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$ 7,500,000 each accident (single limit)	\$ _____
<input type="checkbox"/> \$10,000,000 each accident (single limit)	\$ _____
<input type="checkbox"/> Limit equal to the policy liability limit	\$ _____
<input type="checkbox"/> Limit equal to double the policy liability limit	\$ _____

* 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 applicable state(s) and location(s) of the vehicles, and the type of program in place.

WHEN YOU SIGN THIS FORM AND MAKE A WRITTEN REQUEST FOR A LESSER LIMIT OF LIABILITY, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.

I understand the protection afforded by Uninsured Motorist, Standard UIM and Conversion UIM coverages and the selection(s) I have made on this Notice regarding Uninsured Motorist, Standard UIM and Conversion UIM coverages. 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