

Named Insured

Policy Number

**DELAWARE 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.**

Delaware law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Delaware's minimum vehicle liability insurance limit requirement for bodily injury and property damage which is split limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) and \$10,000 each accident property damage. The property damage portion of the Uninsured Motorists Coverage is subject to a \$250 property damage deductible. This coverage limit may be provided as a combined single limit of \$60,000 each accident. You are not required to accept Uninsured Motorists Coverage at Delaware's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your policy's liability limits. Acceptance of such additional coverage above Delaware's minimum limit shall operate to amend the policy's Uninsured Motorists Coverage to pay for bodily injury damage that you or your legal representative are legally entitled to recover from the driver of an Underinsured motor vehicle. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

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

rejects Uninsured Motorists 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.)

selects Uninsured Motorists Bodily Injury (UMBI) and Uninsured Motorists Property Damage (UMPD) Coverage with the following coverage limit, which is not less than Delaware's minimum requirement, and not greater than the limits of my Liability Coverage. [Please select one Split Limits UMBI option and one UMPD option, OR one Combined Single Limit (UMBI & UMPD) option]:

<u>Split Limits UMBI</u>	<u>UMPD</u>	OR	<u>CSL (UMBI &amp; UMPD)</u>
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 10,000		<input type="checkbox"/> 60,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<input type="checkbox"/> 200,000
			<input type="checkbox"/> 250,000
			<input type="checkbox"/> 300,000
			<input type="checkbox"/> 350,000
			<input type="checkbox"/> 400,000
			<input type="checkbox"/> 500,000
			<input type="checkbox"/> 600,000
			<input type="checkbox"/> 750,000
			<input type="checkbox"/> 1,000,000
			<input type="checkbox"/> 1,500,000
			<input type="checkbox"/> 2,000,000

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