

Named Insured

Policy Number

**DISTRICT OF COLUMBIA NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

THE SELECTIONS YOU MAKE BELOW AFFECT YOUR UNINSURED AND UNDERINSURED 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.

District of Columbia law requires us to provide Uninsured Motorists Coverage in your policy (unless your policy covers taxicabs, as defined under District of Columbia law, in which case Uninsured Motorists Coverage is not required) with a coverage limit equal to the District of Columbia's minimum requirement, which is limits of \$25,000 each person and \$50,000 each accident for bodily injury (subject to the each person limit) and \$5,000 each accident for property damage. The property damage portion of the Uninsured Motorists Coverage is subject to a \$200 deductible. This coverage may be provided as a combined single limit of \$55,000 each accident. You are not required to accept Uninsured Motorists Coverage at the District of Columbia's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limit(s) of your Liability Coverage.

District of Columbia law also requires us to offer you the opportunity to purchase Underinsured Motorists Coverage. You may purchase Underinsured Motorists Coverage with a coverage limit equal to the coverage limit you select for Uninsured Motorists Coverage. In addition, you may reject Underinsured Motorists Coverage in its entirety.

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

Uninsured Motorists Coverage

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

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	<u>UMPD Limit</u> <u>(Each Accident)</u>	OR	<u>UMBI & UMPD CSL</u> <u>(Each Accident)</u>
[] 25,000/50,000	[] 5,000		[] 55,000
[] 50,000/100,000	[] 10,000		[] 60,000
[] 100,000/300,000	[] 25,000		[] 100,000
[] 250,000/500,000	[] 50,000		[] 125,000
[] 500,000/500,000	[] 100,000		[] 150,000
[] 500,000/1,000,000			[] 200,000
[] 1,000,000/1,000,000			[] 250,000
[] Limits equal to the limits of my Liability Coverage			[] 300,000 [] 325,000 [] 350,000

- 400,000
- 500,000
- 600,000
- 750,000
- 1,000,000
- 1,500,000
- 2,000,000
- Limit equal to the
limit of my Liability
Coverage

EXEMPTION FOR TAXICABS, AS DEFINED UNDER DISTRICT OF COLUMBIA LAW

- rejects Uninsured Motorists coverage in its entirety (you may select this option only for taxicabs, as defined under District of Columbia law, if your policy covers those vehicles).

Underinsured Motorists Coverage

- rejects Underinsured Motorists Coverage in its entirety.
- selects Underinsured Motorists Coverage with a coverage limit equal to the Uninsured Motorists Coverage limit(s) selected above.

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured and Underinsured Motorists Coverage. I further understand and agree that my selections 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 selections 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