

Named Insured

Policy Number

**GEORGIA
UNINSURED MOTORISTS COVERAGE
SELECTION/REJECTION AND NOTICE ACKNOWLEDGEMENT**

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. THIS DOCUMENT DOES NOT PROVIDE ANY COVERAGE.

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Coverage – Added On To At-Fault Liability Limits provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limits of liability under any applicable bonds or policies.

Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

Georgia law requires us to provide Uninsured Motorist Coverage – Added On To At-Fault Liability Limits, unless you either reject Uninsured Motorist Coverage entirely or select, for a reduced premium, Uninsured Motorists Coverage – Reduced by At-Fault Liability Limits.

Unless rejected, your policy must include Uninsured Motorists Coverage with a coverage limit equal to Georgia's minimum requirement, which is split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury and \$25,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$75,000 each accident. You are not required to accept Uninsured Motorists Coverage at Georgia's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than Liability Coverage limit of your policy. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

A. Selection of Uninsured Motorists Coverage

In accordance with Georgia 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 Coverage – Added On To At-Fault Liability Limits. (Proceed to section B to select your limit of coverage)
- [] **Rejects** Uninsured Motorists Coverage- Added On To At-Fault Liability Limits and **Selects** Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits. (Proceed to section B to select your limit of coverage)

B. Selection of Uninsured Motorist Coverage Limits:

In accordance with Georgia law, the undersigned Named Insured, for each insured in the policy selects Uninsured Motorists Bodily Injury (UMBI) Coverage and Uninsured Motorists Property Damage (UMPD) Coverage with the following coverage limit, which is not less than Georgia's minimum requirement, and not greater than the Liability Coverage limit of my policy [Please select one Split Limits UMBI option and one UMPD option, OR one Combined Single Limit (CSL) (UMBI & UMPD) option] (mark applicable option(s) with an "X"):

<u>Split Limits UMBI</u>	<u>UMPD</u>	OR	<u>CSL (UMBI & UMPD)</u>
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000			<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<input type="checkbox"/> 200,000
<input type="checkbox"/> 1,000,000/2,000,000			<input type="checkbox"/> 250,000
<input type="checkbox"/> 2,500,000/5,000,000			<input type="checkbox"/> 300,000
<input type="checkbox"/> 5,000,000/10,000,000			<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
			<input type="checkbox"/> 2,500,000
			<input type="checkbox"/> 3,000,000
			<input type="checkbox"/> 5,000,000
			<input type="checkbox"/> 7,500,000
			<input type="checkbox"/> 10,000,000

C. Selection of Deductible Options:

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

Agrees that no deductible is to apply to Uninsured Motorists Coverage

If you have selected Split Limits:

Would like the following deductible (please select one)

\$250 "bodily injury" each "accident"; \$250 "property damage" each "accident"

\$500 "bodily injury" each "accident"; \$500 "property damage" each "accident"

\$1,000 "bodily injury" each "accident"; \$1,000 "property damage" each "accident"

If you have selected a Combined Single Limit:

Would like the following deductible (please select one)

\$500 each "accident"

\$1,000 each "accident"

\$2,000 each "accident"

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

IMPORTANT NOTICE:

The Rules and Regulations of the State of Georgia require that we provide you with notice containing the following information:

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

Please sign below to confirm that we have provided you with notice containing the above information.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title