

Named Insured

Policy Number

**ILLINOIS NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

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.

Uninsured Motorist Bodily Injury Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death. Illinois law requires us to provide Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit equal to Illinois' minimum requirement, which is 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 single limit of \$50,000 each accident for bodily injury.

Illinois law also requires that we offer you the opportunity to purchase additional Uninsured Motorists Bodily Injury Coverage. Accordingly, you may purchase a coverage limit greater than Illinois' minimum requirement, but the coverage limit you purchase may not be greater than the limit(s) of your Liability Coverage. You are not required to purchase additional Uninsured Motorists Bodily Injury Coverage.

Underinsured Motorists Bodily Injury Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness, disease, or death. Illinois law requires that your policy include Underinsured Motorists Bodily Injury Coverage if you select Uninsured Motorist Bodily Injury Coverage in an amount in excess of the Illinois' minimum requirement of limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit). If you select Uninsured Motorist Bodily Injury Coverage in an amount equal to Illinois' minimum requirement, no Underinsured Motorist Bodily Injury Coverage will be provided. If provided, the Underinsured Motorists Bodily Injury Coverage on your policy will have the same coverage limit as the Uninsured Motorists Bodily Injury Coverage.

Illinois law also requires us to offer you the opportunity to purchase Uninsured Motorists Property Damage (UMPD) Coverage for any private passenger or recreational motor vehicle with a coverage limit that is the *lesser of* (i) the vehicle's actual cash value, or (ii) the limit selected for UMPD coverage, subject to a \$250 deductible. Uninsured Motorists Property Damage Coverage provides coverage for covered persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of property damage to the motor vehicle described in the policy. You are not required to purchase Uninsured Motorists Property Damage Coverage.

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

Uninsured Motorists Bodily Injury Coverage

[] rejects additional Uninsured Motorists Bodily Injury (UMBI) Coverage and Underinsured Motorists Bodily Injury Coverage and selects UMBI Coverage with a coverage limit equal to Illinois' minimum requirement (please select one UMBI each person/each accident split limit option OR one each accident single limit option):

<u>UMBI Limits</u>	OR	<u>UMBI Limit</u>
<u>(Each Person/Each Accident)</u>		<u>(Each Accident)</u>
[] 25,000/50,000*		[] 50,000*

*** IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.**

Uninsured/Underinsured Motorists Bodily Injury Coverage

selects Uninsured Motorists (UM) Bodily Injury Coverage and Underinsured Motorists (UIM) Bodily Injury Coverage with the following coverage limit, which is greater than Illinois' minimum requirement, and less than or equal to the limit(s) of your Liability Coverage. (Please select one UM/UIM Bodily Injury (BI) each person/each accident split limit option OR one each accident single limit option):

<u>UM/UIM BI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UM/UIM BI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 70,000
<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"/> Limits equal to the limits of my Liability Coverage		<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
		<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

Uninsured Motorists Property Damage Coverage (Applies to Private Passenger or Recreational Motor Vehicles Only)

rejects Uninsured Motorists Property Damage Coverage in its entirety.

selects Uninsured Motorists Property Damage Coverage at the following limit:

- 15,000
- 20,000
- 25,000
- 50,000
- 100,000

Premium** for Uninsured Motorists Property Damage Coverage \$ _____

**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.

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