	_		
Named Insured		Policy Number	

INDIANA 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.

You may select Uninsured Motorists Coverage equal to your Bodily Injury Liability Coverage limit which shall not be less than Indiana's Uninsured Motorist Coverage minimum vehicle liability insurance limit requirement for Bodily Injury of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the per person limit of \$25,000). Uninsured Motorists Property Damage Coverage may be selected (without a deductible or with a \$300 property damage deductible if selected) in a limit which is not less than Indiana's Uninsured Motorists Coverage minimum vehicle liability insurance limit requirement for Property Damage of \$25,000. You may reject both the Bodily Injury and Property Damage portions of Uninsured Motorists Coverage or you may reject only the Property Damage portion of Uninsured Motorists Coverage.

You may also select Underinsured Motorists Coverage equal to your Bodily Injury Liability Coverage limit, but the Underinsured Motorists Coverage limit you select may not be lower than \$50,000. In addition, you may reject Underinsured Motorists Coverage in its entirety.

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

Uninsured Motorists Coverage (you may select one of the following)

e	s both the Bodily Injury and Property Damage portions of Uninsured Motorists Coverage in their entirety (If you choose this option, please proceed to the Underinsured Motorists Coverage ection below).
, p	s the Property Damage portion of Uninsured Motorists Coverage and selects the Bodily Injury portion of Uninsured Motorists Coverage at limits equal to my Split Limits for Bodily Injury iability Coverage or Combined Single Limit for Liability Coverage.
s	Split Limits of Liability:
S U m m	Its the Bodily Injury portion of Uninsured Motorists Coverage with a coverage limit equal to my Split Limits for Bodily Injury Liability Coverage and selects the Property Damage portion of Jinnsured Motorist Coverage in a limit not less than Indiana's Uninsured Motorist Coverage ininimum vehicle liability insurance limit requirement for Property Damage and not greater than my Property Damage Liability Coverage limit (please select one Uninsured Motorist Property Damage option below):
	Uninsured Motorist Property Damage (each accident property damage):
	[] 25,000 [] 50,000 [] 100,000

[] selects the Bodily Injury portion of Uninsured Motorists Coverage with a coverage limit equal to Split Limits for Bodily Injury Liability Coverage and selects the Property Damage portion (subject to a \$300 property damage deductible) of Uninsured Motorist coverage in a limit not less the Indiana's Uninsured Motorist Coverage minimum vehicle liability insurance limit requirement Property Damage and not greater than my Property Damage Liability Coverage limit (pleaselect one Uninsured Motorist Property Damage option below):	ject han for
Uninsured Motorist Property Damage (each accident property damage subject to a \$300 deductible): [] 25,000 [] 50,000 [] 100,000	
Combined Single Limit of Liability:	
[] selects both the Bodily Injury and Property Damage portions of Uninsured Motorists Coverage with a coverage limit equal to my Combined Single Limit for Liability Coverage.	
[] selects both the Bodily Injury and Property Damage portions of Uninsured Motorists Coverage wi a coverage limit equal to my Combined Single Limit for Liability Coverage (subject to a \$300 property damage deductible).	
Underinsured Motorists Coverage (you may select one of the following)	
Applicable to both Split or Combined Single Limits of Liability:	
[] rejects Bodily Injury Underinsured Motorists Coverage in its entirety.	
Split Limits of Liability:	
[] selects Bodily Injury Underinsured Motorists Coverage with a coverage limit equal to my S Limits for Bodily Injury Liability Coverage, unless my Split Limits for Bodily Injury liab Coverage Limits are less than \$50,000, in which case I select Bodily Injury Underinsu Motorists Coverage at limits equal to \$50,000 for each person subject to \$100,000 for each accident.	ility red
Combined Single Limit of Liability:	
[] selects Bodily Injury Underinsured Motorists Coverage with a coverage limit equal to my Combined Single Limit for Liability Coverage.	
I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and selection(s) I have made on this Notice regarding Uninsured and Underinsured Motorists Coverag further understand and agree that my selection(s) will apply to this policy and all future transfer	e. I

All other terms, conditions, and exclusions of the policy remain unchanged.

is received and approved by the Company.

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

Effective Date	Authorized Signature of Named Insured	
Date Signed	Name and Title	