

Named Insured

Policy Number

**IOWA NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION**

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.

Iowa law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to Iowa's minimum requirement, which is split limits of \$20,000 each person and (subject to the each person limit) \$40,000 each accident. This coverage limit may be provided as a combined single limit of \$40,000 each accident. You are not required to accept Uninsured and Underinsured Motorists Coverage at Iowa's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limit of your Bodily Injury Liability Coverage. Alternatively, you may reject either Uninsured or Underinsured Motorists Coverage, or both, in their entirety but this rejection must be completed on a separate rejection notice, which is provided separately with these forms. If you elect both Uninsured Motorists Coverage and Underinsured Motorists Coverage, both coverages must be provided at the same limits.

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

Uninsured Motorists Coverage

selects Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than Iowa's minimum requirement, and not greater than the limits of my Bodily Injury Liability Coverage (please select one Split Limits UM option OR one Combined Single Limit UM option):

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</u>
<input type="checkbox"/> 20,000/40,000		<input type="checkbox"/> 40,000
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<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"/> 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

Underinsured Motorists Coverage

selects Underinsured Motorists (UIM) Coverage with the following coverage limit, which is not less than Iowa's minimum requirement, and not greater than the limits of my Bodily Injury Liability Coverage (please select one Split Limits UIM option OR one Combined Single Limit UIM option):

<u>Split Limits UIM</u>	OR	<u>Combined Single Limit UIM</u>
<input type="checkbox"/> 20,000/40,000		<input type="checkbox"/> 40,000
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<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"/> 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 and Underinsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured and Underinsured 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