

Named Insured

Policy Number

**KENTUCKY 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.

Kentucky law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Kentucky’s minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. This coverage limit may be provided as a combined single limit of \$60,000 each accident. You are not required to accept Uninsured Motorists Coverage at Kentucky’s minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the Liability Coverage limits of your policy. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

Kentucky law also requires us to offer Underinsured Motorists Coverage. You may purchase Underinsured Motorists Coverage with a coverage limit that is not less than Kentucky’s minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. This coverage limit may be purchased as a combined single limit of \$60,000 each accident. You may not purchase a coverage limit that is greater than the Liability Coverage limits of your policy. Alternatively, you may reject Underinsured Motorists Coverage in its entirety. If purchased, Underinsured Motorists Coverage must be selected at the same limits as Uninsured Motorists Coverage was selected.

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

Uninsured Motorists Coverage

rejects Uninsured Motorists Coverage in its entirety

selects Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than Kentucky’s minimum requirement, and not greater than the Liability Coverage limits of my policy (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"/> 25,000/50,000 | | <input type="checkbox"/> 60,000 |
| <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"/> 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

rejects Underinsured Motorists Coverage in its entirety

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

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 60,000
<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"/> 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

Effective Date

Authorized Signature of Named Insured on behalf of any of its subsidiaries or affiliates which may be covered under this policy as a Named Insured

Date Signed

Name and Title