

Named Insured

Policy Number

MAINE NOTICE UNINSURED VEHICLE COVERAGE

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED VEHICLE 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.

Maine law requires us to provide Uninsured Vehicle Coverage in your policy with a coverage limit not less than Maine’s minimum requirement for bodily injury liability insurance, which is split limits of \$50,000 each person and (subject to the each person limit) \$100,000 each accident. This coverage limit may be selected as a combined single limit of \$100,000 each accident. You may select Uninsured Vehicle Coverage with a limit up to limits of the Bodily Injury Liability Coverage in your policy.

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

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

- | <u>Split Limits</u> | OR | <u>Combined Single Limit</u> |
|--|----|------------------------------------|
| <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 Vehicle Coverage and the selection(s) I have made on this Notice regarding Uninsured Vehicle 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