

Named Insured

Policy Number

**MARYLAND NOTICE
UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

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

Maryland law requires us to provide Uninsured Motorists Coverage in your policy (unless your policy covers taxicabs or buses, as defined under Maryland law, in which case Uninsured Motorist Coverage is not required for those vehicles) with a coverage limit equal to Maryland's minimum vehicle liability insurance requirement for bodily injury and property damage, which is limits of \$30,000 each person and \$60,000 each accident for bodily injury (subject to the each person limit) and \$15,000 each accident for property damage. The property damage portion of Uninsured Motorists Coverage is subject to a \$250 property damage deductible. The Uninsured Motorists Coverage limit may be provided as a combined single limit of \$75,000 each accident. You are not required to accept Uninsured Motorists Coverage at Maryland's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the Liability Coverage limit(s) of your policy. Under Maryland law, uninsured motor vehicles include underinsured motor vehicles.

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

selects Uninsured Motorists (UM) Coverage for both bodily injury (BI) and property damage (PD) with the following coverage limit(s), which is not less than Maryland's minimum requirement, and not greater than the Liability Coverage limit(s) of my policy. [Please select one UMBI option (each person/each accident limits) and one UMPD option (each accident), OR one Combined Single Limit (CSL) UMBI & UMPD option (each accident)]:

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	<u>UMPD Limit</u> <u>(Each Accident)</u>	OR	<u>UMBI & UMPD CSL</u> <u>(Each Accident)</u>
<input type="checkbox"/> 30,000/60,000	<input type="checkbox"/> 15,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<input type="checkbox"/> 200,000
<input type="checkbox"/> 1,000,000/2,000,000			<input type="checkbox"/> 250,000
<input type="checkbox"/> 2,500,000/5,000,000			<input type="checkbox"/> 300,000
<input type="checkbox"/> 5,000,000/10,000,000			<input type="checkbox"/> 350,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage			<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

EXEMPTION FOR TAXICABS, AS DEFINED UNDER MARYLAND LAW

[] rejects Uninsured Motorists coverage in its entirety (you may select this option only for taxicabs, as defined under Maryland law, if your policy covers those vehicles).

EXEMPTION FOR BUSES, AS DEFINED UNDER MARYLAND LAW

[] rejects Uninsured Motorists coverage in its entirety (you may select this option only for buses, as defined under Maryland law, if your policy covers those vehicles).

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured 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