
Named Insured

Policy Number

**MASSACHUSETTS NOTICE
UNINSURED MOTORISTS COVERAGE**

THE SELECTION YOU MAKE BELOW AFFECTS 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.

COMPULSORY COVERAGE

Massachusetts law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Massachusetts' minimum requirement, which is split limits of \$20,000 each person and (subject to the each person limit) \$40,000 each accident.

ADDITIONAL, OPTIONAL COVERAGE

Massachusetts law also requires that we offer you the opportunity to purchase additional Uninsured Motorists Coverage. Accordingly, you may purchase a coverage limit greater than Massachusetts' minimum requirement.

If you purchase Uninsured Motorists Coverage with a coverage limit greater than Massachusetts' minimum requirement, then the definition of an uninsured motor vehicle shall include motor vehicles to which a bodily injury liability bond or policy applies at the time of the accident, if such bond or policy limit is less than the policy limit for Uninsured Motorists Coverage and is insufficient to satisfy the damages of persons insured thereunder, but only to the extent that the Uninsured Motorists Coverage limits exceed said bodily injury liability limits.

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

- [] selects Uninsured Motorists (UM) Coverage with a coverage limit which is not less than Massachusetts' minimum requirement, and not greater than the policy's bodily injury limit of liability (please select one Split Limits UM option):

Split Limits UM

- [] 20,000/40,000
- [] 25,000/50,000
- [] 35,000/80,000
- [] 50,000/100,000
- [] 100,000/300,000
- [] 250,000/500,000
- [] 500,000/500,000
- [] 500,000/1,000,000

I understand the protection afforded by Uninsured Motorists Coverage and the selection I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection 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 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