

Named Insured

Policy Number

**MASSACHUSETTS 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.**

**UNINSURED MOTORISTS (UM) COVERAGE**

An "uninsured motor vehicle" means a motor vehicle or trailer to which no bodily injury liability policy or bond applies at the time of an accident; or to which a bodily injury liability policy or bond applies at the time of the accident, but the insuring or bonding company denies coverage or becomes insolvent; or which is a hit-and-run vehicle and neither the operator nor the owner can be identified.

**COMPULSORY UM COVERAGE:**

Massachusetts law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Massachusetts' minimum requirement, which is limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit).

**ADDITIONAL, OPTIONAL UM 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, but the coverage limit you select may not be greater than your policy's bodily injury liability limit.

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 Coverage with a coverage limit which is not less than Massachusetts' minimum requirement, and not greater than the policy's bodily injury liability limit. (Please select one UM each person limit and each accident limit or the limit(s) equal to the limit(s) of your Liability Coverage option):

<u>UM Limits</u>	
<u>Each person limit</u>	<u>Each accident limit</u>
[ ] 25,000	[ ] 50,000
[ ] 30,000	[ ] 60,000
[ ] 35,000	[ ] 70,000
[ ] 40,000	[ ] 80,000
[ ] 50,000	[ ] 100,000
[ ] 100,000	[ ] 150,000
[ ] 150,000	[ ] 200,000
[ ] 200,000	[ ] 250,000
[ ] 250,000	[ ] 300,000
[ ] 300,000	[ ] 350,000
[ ] 400,000	[ ] 400,000
[ ] 500,000	[ ] 500,000
[ ] 600,000	[ ] 600,000
[ ] 700,000	[ ] 700,000
[ ] 800,000	[ ] 800,000
[ ] 900,000	

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1,000,000  | <input type="checkbox"/> 900,000    |
| <input type="checkbox"/> 1,250,000  | <input type="checkbox"/> 1,000,000  |
| <input type="checkbox"/> 1,500,000  | <input type="checkbox"/> 1,250,000  |
| <input type="checkbox"/> 1,750,000  | <input type="checkbox"/> 1,500,000  |
| <input type="checkbox"/> 2,000,000  | <input type="checkbox"/> 1,750,000  |
| <input type="checkbox"/> 2,500,000  | <input type="checkbox"/> 2,000,000  |
| <input type="checkbox"/> 3,000,000  | <input type="checkbox"/> 2,500,000  |
| <input type="checkbox"/> 4,000,000  | <input type="checkbox"/> 3,000,000  |
| <input type="checkbox"/> 5,000,000  | <input type="checkbox"/> 4,000,000  |
| <input type="checkbox"/> 7,500,000  | <input type="checkbox"/> 5,000,000  |
| <input type="checkbox"/> 10,000,000 | <input type="checkbox"/> 7,500,000  |
|                                     | <input type="checkbox"/> 10,000,000 |
- 40,000 (each person)/90,000 (each accident)  
 75,000 (each person)/75,000 (each accident)  
 550,000 (each person)/550,000 (each accident)  
 750,000 (each person)/750,000 (each accident)
- UM limit(s) equal to the limit(s) of my Liability Coverage

**UNDERINSURED MOTORISTS (UIM) COVERAGE**

Underinsured Motorists Coverage is optional coverage. An "underinsured motor vehicle" is a motor vehicle to which a bodily injury liability policy or bond applies at the time of the accident, but such bond or policy limit is less than your policy limit for Underinsured Motorists Coverage and is insufficient to satisfy the damages of a person insured thereunder. You may select Underinsured Motorists Coverage at a coverage limit which is not less than \$25,000 each person and \$50,000 each accident (subject to the each person limit) and not greater than your policy's bodily injury liability limit. Alternatively, you may reject Underinsured Motorists Coverage in its entirety.

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

rejects Underinsured Motorists Coverage in its entirety.

selects Underinsured Motorists Coverage with a coverage limit which is not less than \$25,000 each person and \$50,000 each accident, and not greater than the policy's bodily injury liability limit. (Please select one UIM each person limit and each accident limit or the limit(s) equal to the limit(s) of your Liability Coverage option):

- | <u>UIM Limits</u>                |  | <u>Each accident limit</u>       |
|----------------------------------|--|----------------------------------|
| <u>Each person limit</u>         |  |                                  |
| <input type="checkbox"/> 25,000  |  | <input type="checkbox"/> 50,000  |
| <input type="checkbox"/> 30,000  |  | <input type="checkbox"/> 60,000  |
| <input type="checkbox"/> 35,000  |  | <input type="checkbox"/> 70,000  |
| <input type="checkbox"/> 40,000  |  | <input type="checkbox"/> 80,000  |
| <input type="checkbox"/> 50,000  |  | <input type="checkbox"/> 100,000 |
| <input type="checkbox"/> 100,000 |  | <input type="checkbox"/> 150,000 |
| <input type="checkbox"/> 150,000 |  | <input type="checkbox"/> 200,000 |
| <input type="checkbox"/> 200,000 |  | <input type="checkbox"/> 250,000 |
| <input type="checkbox"/> 250,000 |  | <input type="checkbox"/> 300,000 |
| <input type="checkbox"/> 300,000 |  | <input type="checkbox"/> 350,000 |
| <input type="checkbox"/> 400,000 |  | <input type="checkbox"/> 400,000 |
| <input type="checkbox"/> 500,000 |  | <input type="checkbox"/> 500,000 |
| <input type="checkbox"/> 600,000 |  |                                  |

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 700,000    | <input type="checkbox"/> 600,000    |
| <input type="checkbox"/> 800,000    | <input type="checkbox"/> 700,000    |
| <input type="checkbox"/> 900,000    | <input type="checkbox"/> 800,000    |
| <input type="checkbox"/> 1,000,000  | <input type="checkbox"/> 900,000    |
| <input type="checkbox"/> 1,250,000  | <input type="checkbox"/> 1,000,000  |
| <input type="checkbox"/> 1,500,000  | <input type="checkbox"/> 1,250,000  |
| <input type="checkbox"/> 1,750,000  | <input type="checkbox"/> 1,500,000  |
| <input type="checkbox"/> 2,000,000  | <input type="checkbox"/> 1,750,000  |
| <input type="checkbox"/> 2,500,000  | <input type="checkbox"/> 2,000,000  |
| <input type="checkbox"/> 3,000,000  | <input type="checkbox"/> 2,500,000  |
| <input type="checkbox"/> 4,000,000  | <input type="checkbox"/> 3,000,000  |
| <input type="checkbox"/> 5,000,000  | <input type="checkbox"/> 4,000,000  |
| <input type="checkbox"/> 7,500,000  | <input type="checkbox"/> 5,000,000  |
| <input type="checkbox"/> 10,000,000 | <input type="checkbox"/> 7,500,000  |
|                                     | <input type="checkbox"/> 10,000,000 |
- 40,000 (each person)/90,000 (each accident)  
 75,000 (each person)/75,000 (each accident)  
 550,000 (each person)/550,000 (each accident)  
 750,000 (each person)/750,000 (each accident)
- UIM limit(s) equal to the limit(s) of my Liability Coverage

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured and Underinsured 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