

Named Insured

Policy Number

**MICHIGAN 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.

You may purchase Uninsured Motorists Coverage in your policy with a coverage limit which is not less than split limits of \$50,000 each person bodily injury and \$100,000 each accident bodily injury (subject to the each person limit) or a combined single limit of \$100,000 each accident. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limits of your policy's Bodily Injury Liability Coverage. In addition, you may reject Uninsured Motorists Coverage in its entirety.

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

rejects Uninsured Motorists Coverage in its entirety. (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)

selects Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than split limits of \$50,000 each person bodily injury and \$100,000 each accident bodily injury (subject to the each person limit) or a combined single limit of \$100,000 each accident and not greater than the limits of my policy's Bodily Injury Liability Coverage (please select one Split Limit UM option or one Combined Single Limit UM option):

<u>Split Limit UM</u>	OR	<u>Combined Single Limit UM</u>
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 110,000
<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"/> 510,000
		<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 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