

Named Insured

Policy Number

**MISSOURI NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

THE SELECTION(S) 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.

Missouri law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Missouri's minimum vehicle liability insurance limit requirement for bodily injury, unless you qualify for an exemption under Missouri law for certain fleets of commercial vehicles, in which case you may reject Uninsured Motorists Coverage. Please consult with your broker to determine whether you qualify for such an exemption. Missouri's minimum limit for Uninsured Motorists Coverage is split limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit). This coverage limit may be provided or offered to you as a combined single limit of \$50,000 each accident. You are not required to accept Uninsured Motorists Coverage at Missouri's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limits of your Bodily Injury Liability Coverage.

With respect to Underinsured Motorists Coverage, you are not required to purchase Underinsured Motorists Coverage. You may not purchase Underinsured Motorists Coverage unless you also purchase Uninsured Motorists Coverage. Unless you elect to purchase Underinsured Motorists Coverage it will not be included in your policy.

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

UNINSURED MOTORISTS COVERAGE

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

- | | | |
|--------------------------|----|-----------------------------------|
| <u>Split Limits UMBI</u> | OR | <u>Combined Single Limit UMBI</u> |
| [] 25,000/50,000 | | [] 50,000 |
| [] 50,000/100,000 | | [] 60,000 |
| [] 100,000/300,000 | | [] 100,000 |
| [] 250,000/500,000 | | [] 125,000 |
| [] 500,000/1,000,000 | | [] 150,000 |
| | | [] 200,000 |
| | | [] 250,000 |
| | | [] 300,000 |
| | | [] 350,000 |
| | | [] 400,000 |
| | | [] 500,000 |
| | | [] 600,000 |
| | | [] 750,000 |
| | | [] 1,000,000 |
| | | [] 1,500,000 |
| | | [] 2,000,000 |

rejects Uninsured Motorists Coverage in its entirety. (This option is only available for policies covering certain fleets of commercial vehicles. Please consult with your broker to determine whether this option is available to you under Missouri Law).

UNDERINSURED MOTORISTS COVERAGE

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

- | <u>Split Limits UIMBI</u> | OR | <u>Combined Single Limit UIMBI</u> |
|--|----|------------------------------------|
| <input type="checkbox"/> 50,000/100,000 | | <input type="checkbox"/> 50,000 |
| <input type="checkbox"/> 100,000/300,000 | | <input type="checkbox"/> 60,000 |
| <input type="checkbox"/> 250,000/500,000 | | <input type="checkbox"/> 100,000 |
| <input type="checkbox"/> 500,000/1,000,000 | | <input type="checkbox"/> 125,000 |
| | | <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"/> 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 |

rejects Underinsured Motorists Coverage in its entirety.

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