

Named Insured

Policy Number

**NEVADA 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.

Nevada law requires us to provide Uninsured Motorists Coverage in your policy, with a coverage limit equal to Nevada's minimum requirement, which is split limits of \$25,000 each person and (subject to the each person limit) \$50,000 each accident. This coverage limit may be provided as a combined single limit of \$50,000 each accident. You are not required to accept Uninsured Motorists Coverage at Nevada's minimum requirement. You may select a greater coverage limit. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

Uninsured and underinsured motor vehicle coverage protects the named insured and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured).

In accordance with Nevada 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 Nevada's minimum requirement. (Please select one Split Limits UM option OR one Combined Single Limit UM option):

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000		<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"/> 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

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