

Named Insured

Policy Number

**NEW JERSEY NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

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.

New Jersey law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to or greater than New Jersey's minimum requirement, which is split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury and \$25,000 each accident property damage. Uninsured and Underinsured Motorists property damage coverage is subject to \$500 deductible. This coverage limit may be provided as a combined single limit of \$75,000 each accident. You are not required to accept Uninsured and Underinsured Motorists Coverage at New Jersey's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your Liability Insurance Limits.

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

selects Uninsured and Underinsured Motorists (UM/UIM) Coverage for both bodily injury (BI) and property damage (PD) with the following coverage limit, which is not less than New Jersey's minimum requirement, and not greater than my Liability Insurance Limits [Please select one Split Limits UM/UIM BI option and one UM/UIM PD option, OR one Combined Single Limit (CSL) UM/UIM BI & PD option]:

<u>Split Limits UM/UIM BI</u>	<u>UM/UIM PD</u>	OR	<u>CSL (UM/UIM BI & PD)</u>
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 100,000		<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"/> 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

I understand that no person, including, but not limited to, an insurance company, its producers or representatives, shall be liable in an action for damages on account of the election of a given level of Uninsured and Underinsured Motorists Coverage by a named insured so long as those limits provide at

least the minimum coverage required by law. I also understand that this immunity does not apply to those situations where the insurance company, its producers or representatives, act or fail to act in a manner which is willful, wanton or grossly negligent.

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. The limits available for Uninsured and Underinsured Motorists Coverage have been explained to me, and my choices are shown above. 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