

Named Insured

Policy Number

**NEW MEXICO 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.

New Mexico law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to New Mexico's minimum vehicle liability insurance requirement for bodily injury and property damage, which is limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) and \$10,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$60,000 each accident. We are also required to offer you the opportunity to purchase Uninsured Motorists Coverage with a coverage limit equal to the liability limit(s) of your policy.

Underinsured Motorist Coverage is included in Uninsured Motorist Coverage. Uninsured Motorist Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, disease, or death, and/or property damage (property damage coverage is subject to a \$250 deductible). You are not required to accept Uninsured Motorists Coverage at New Mexico's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limit of your Liability Coverage. Alternatively, you may reject Uninsured Motorists Coverage in its entirety.

Uninsured Motorists Coverage is offered on a non-stacked basis.

LIMITATIONS OF UNINSURED MOTORIST/UNDERINSURED MOTORIST (UM/UIM) COVERAGE

Please be aware of the limitations of your Uninsured Motorist/Underinsured Motorist (UM/UIM) coverage. If you suffer a loss with an Uninsured or Underinsured Motorist, the total payment you receive will be limited to the greater of either your UM/UIM limit or the other party's liability coverage limit, subject to other policy provisions. If you have any questions about your coverage, please contact your insurance broker.

In accordance with New Mexico 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 for both bodily injury (BI) and property damage (PD) with the following coverage limit(s), which is not less than New Mexico's minimum requirement, and not greater than my policy's Liability Coverage limit(s). [Please select one UMBI option (each person/each accident limits) and one UMPD option (each accident limit), OR one Combined Single Limit (CSL) UMBI & UMPD option (each accident)]:

<u>UMBI Limits (Each Person/ Each Accident)</u>	<u>Premium*</u>	<u>UMPD Limit (Each Accident)</u>	<u>Premium*</u>	OR	<u>UMBI & UMPD CSL (Each Accident)</u>	<u>Premium*</u>
<input type="checkbox"/> 25,000/50,000	\$ _____	<input type="checkbox"/> 10,000	\$ _____		<input type="checkbox"/> 60,000	\$ _____
<input type="checkbox"/> 50,000/100,000	_____	<input type="checkbox"/> 25,000	_____		<input type="checkbox"/> 100,000	_____
<input type="checkbox"/> 100,000/300,000	_____	<input type="checkbox"/> 50,000	_____		<input type="checkbox"/> 125,000	_____
<input type="checkbox"/> 250,000/500,000	_____	<input type="checkbox"/> 100,000	_____		<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"/> Limits equal to the limits of my Liability Coverage	_____				<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	_____
					<input type="checkbox"/> Limit equal to the limit of my Liability Coverage	_____

* The premium included in this notice is an estimate and is subject to change based on the actual type and number of vehicles covered under the policy, the applicable state(s) and location(s) of the vehicles, and the type of program in place.

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