

Named Insured _____

Policy Number _____

**OHIO NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES ELECTION/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.

You may purchase Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit which is not less than limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit) or a single limit of \$50,000 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 Liability Coverage. If you select Uninsured Motorists Bodily Injury Coverage, you may also purchase Uninsured Motorists Property Damage Coverage at a limit which is the lesser of \$7,500 or the actual cash value of your damaged auto at the time of the accident (subject to a \$250 deductible). Uninsured Motorists Property Damage Coverage is available only for autos insured on the policy that do not have collision coverage. If you select Uninsured Motorists Bodily Injury Coverage, you may also purchase Underinsured Motorists Bodily Injury Coverage in your policy with a coverage limit which is not less than limits of \$50,000 each person and \$100,000 each accident (subject to the each person limit) or a single limit of \$75,000 each accident, and not greater than the limit(s) of your policy's Liability Coverage.

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

Uninsured Motorists Bodily Injury Coverage

rejects Uninsured Motorists Bodily Injury Coverage in its entirety.

selects Uninsured Motorists Bodily Injury (UMBI) Coverage with the following coverage limit(s), which is not less than limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit) or a single limit of \$50,000 each accident, and not greater than the limit(s) of my policy's Liability Coverage (please select one UMBI each person/each accident split limit option OR one each accident single limit option):

<u>UMBI Limits</u> <u>Each Person/Each Accident)</u>	OR	<u>UMBI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 100,000
<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"/> Limits equal to the limits of my Liability Coverage		<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
		<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

Underinsured Motorists Bodily Injury Coverage (You may not purchase Underinsured Motorists Bodily Injury Coverage without Uninsured Motorists Bodily Injury Coverage.)

- rejects Underinsured Motorists Bodily Injury Coverage in its entirety.
- selects Underinsured Motorists Bodily Injury (UIMBI) Coverage with the following coverage limit(s), which is not less than limits of \$50,000 each person and \$100,000 each accident (subject to the each person limit) or a single limit of \$75,000 each accident, and not greater than the limit(s) of my policy's Liability Coverage (please select one UIMBI each person/each accident split limit option OR one each accident single limit option):

<u>UIMBI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UIMBI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 100,000
<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"/> Limits equal to the limits of my Liability Coverage		<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
		<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

Uninsured Motorists Property Damage Coverage (You may not purchase Uninsured Motorists Property Damage Coverage without Uninsured Motorists Bodily Injury Coverage.)

- rejects Uninsured Motorists Property Damage Coverage in its entirety.
- selects Uninsured Motorists Property Damage Coverage at a limit which is the lesser of \$7,500 or the actual cash value of my damaged auto at the time of the accident.

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