

Named Insured

Policy Number

**OHIO 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.**

You may purchase Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit which is not less than split limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) or as a combined 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 Bodily Injury 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 \$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 split limits of 50,000 each person bodily injury and \$100,000 each accident bodily injury (subject to the each person limit) or as a combined single limit of \$75,000 each accident and not greater than the limits of your policy's Bodily Injury 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, which is not less than split limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) or as a combined single limit of \$50,000 each accident, and not greater than the limits of my policy's Bodily Injury Liability Coverage (please select one Split Limit UMBI option OR one Combined Single Limit UMBI option):

<u>Split Limit UMBI</u>	OR	<u>Combined Single Limit UMBI</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"/> 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

**Underinsured Motorists Bodily Injury Coverage** (You may not purchase Underinsured Motorists Bodily Injury Coverage without the 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, which is not less than split limits of \$50,000 each person bodily injury and \$100,000 each accident bodily injury (subject to the each person limit) or as a combined single limit of \$75,000 each accident, and not greater than the limits of my policy's Bodily Injury Liability Coverage (please select one Split Limit UIMBI option OR one Combined Single Limit UIMBI option):

<u>Split Limit UIMBI</u>	OR	<u>Combined Single Limit UIMBI</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"/> 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

**Uninsured Motorists Property Damage Coverage** (You may not purchase Uninsured Motorists Property Damage Coverage without the 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