

Named Insured

Policy Number

**RHODE ISLAND NOTICE
UNINSURED/UNDERINSURED MOTORIST COVERAGE**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED/UNDERINSURED MOTORIST 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.

Rhode Island law requires us to provide Uninsured/Underinsured Motorist Bodily Injury Coverage in your policy with a coverage limit equal to your policy's bodily injury limit of liability. You are not required to accept Uninsured/Underinsured Motorist Bodily Injury Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Rhode Island's minimum vehicle liability insurance requirement for bodily injury, which is limits of \$25,000 each person and \$50,000 each accident (subject to the each person limit). **Uninsured/Underinsured Motorist Bodily Injury Coverage may be rejected only if minimum bodily injury liability limits (25/50) are selected in your policy.**

In addition, you may purchase Uninsured Motorist Property Damage Coverage with a coverage limit equal to Rhode Island's minimum vehicle liability insurance requirement for property damage, which is \$25,000 each accident (subject to a \$200 property damage deductible). You may reject Uninsured Motorist Property Damage Coverage in its entirety, regardless of your policy's liability limits for bodily injury. If collision coverage is not included in your policy and you would like to reject coverage for Uninsured Motorist Property Damage Coverage, you must reject the Uninsured Motorist Property Damage Coverage in writing, below. If this rejection is not returned to us, then Uninsured Motorist Property Damage Coverage will be included in the policy at a limit equal to Rhode Island's minimum vehicle liability insurance requirement for property damage (\$25,000 each accident).

In order to make sure that you are aware of the risks of going without uninsured/underinsured motorist bodily injury coverage, the State of Rhode Island **requires** us to obtain your signature showing that you have read this document and understand this warning **before** we are allowed to sell you motor vehicle insurance without uninsured/underinsured motorist bodily injury coverage. **IF YOU CHOOSE NOT TO BUY UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE, YOU MIGHT HAVE NO MOTOR VEHICLE INSURANCE COVERAGE FOR YOUR OWN INJURIES IF YOU ARE HIT BY AN UNINSURED MOTORIST.** Many motorists will ignore mandatory auto insurance laws, and many motorists passing through from another state will not have insurance. Most uninsured/underinsured motorists do not have assets or money to pay you for your injuries, even if you win a lawsuit against them. Uninsured/underinsured motorist bodily injury coverage may be your only protection.

The Department of Business Regulation of the State of Rhode Island STRONGLY RECOMMENDS that most motorists obtain uninsured/underinsured motorists bodily injury coverage as part of their motor vehicle insurance package.

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

[] selects Uninsured Motorist Property Damage (UMPD) Coverage and Uninsured/Underinsured Motorist Bodily Injury (UM/UIM BI) Coverage with the following coverage limit(s), which is not less than Rhode Island's minimum vehicle liability insurance requirement, and not greater than my policy's liability limit(s) [Please select: (a) one UM/UIM BI each person/each accident split limit option OR one UM/UIM BI each accident single limit option, and (b) one UMPD each accident option]:

<u>UM/UIM BI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UM/UIM BI Limit</u> <u>(Each Accident)</u>	AND	<u>UMPD Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000		<input type="checkbox"/> 25,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 75,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 100,000		<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"/> 1,000,000/2,000,000		<input type="checkbox"/> 200,000		
<input type="checkbox"/> 2,500,000/5,000,000		<input type="checkbox"/> 250,000		
<input type="checkbox"/> 5,000,000/10,000,000		<input type="checkbox"/> 300,000		
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<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		
		<input type="checkbox"/> Limit equal to the limit of my Liability Coverage		

rejects Uninsured Motorist Property Damage Coverage and selects Uninsured/Underinsured Motorist Bodily Injury (UM/UIM BI) Coverage with the following coverage limit(s), which is not less than Rhode Island's minimum vehicle liability insurance requirement, and not greater than the policy's liability limit(s) [Please select one UM/UIM BI each person/each accident split limit option OR one each accident single limit option]:

<u>UM/UIM BI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UM/UIM BI 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"/> 1,000,000/2,000,000		<input type="checkbox"/> 200,000
<input type="checkbox"/> 2,500,000/5,000,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 5,000,000/10,000,000		<input type="checkbox"/> 300,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<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

- 5,000,000
- 7,500,000
- 10,000,000
- Limit equal to the limit of my Liability Coverage

rejects both Uninsured Motorist Property Damage Coverage and Uninsured/Underinsured Motorist Bodily Injury Coverage.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE MAY BE REJECTED ONLY IF MINIMUM BODILY INJURY LIABILITY LIMITS (25/50) ARE SELECTED IN YOUR POLICY.

I understand the protection afforded by Uninsured/Underinsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured/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, 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

Effective Date

Authorized Signature of Named Insured on behalf of any of its subsidiaries or affiliates which may be covered under this policy as a Named Insured

Date Signed

Name and Title