

**SOUTH CAROLINA
UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE
SELECTION FORM**

A. Explanation of Coverages

Uninsured Motorist Coverage (UM) compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides Uninsured Motorist Coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for uninsured motorist property damage claims.

You also have the right to buy additional Uninsured Motorist Coverage, in various limits, up to the limits of the liability coverage you have purchased. The limits of additional Uninsured Motorist Coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase Uninsured Motorist Coverage with limits in excess of your liability limits.

Underinsured Motorist Coverage (UIM) compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any Underinsured Motorist Coverage. However, you have the right to buy Underinsured Motorist Coverage in various limits up to the limits of liability coverage you have purchased. The limits of Underinsured Motorist Coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase Underinsured Motorist Coverage with limits in excess of your liability limits.

If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to provide Uninsured Motorist Coverage and Underinsured Motorist Coverage in the same limits as your automobile liability insurance. You will be required to pay an additional premium for each of these coverages and your policy may be canceled for non-payment of that additional premium.

In the future, if you wish to change your limits of Uninsured Motorist Coverage or Underinsured Motorist Coverage, you must contact either your insurance agent or your insurance company. Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
South Carolina Department of Insurance
Capitol Center
1201 Main Street
Suite 1000
Columbia, South Carolina 29201

Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-Mail Address: consumers@doi.sc.gov

B. Uninsured Motorist Coverage

Specify the limits you select below by marking your selection with an "X". These limits cannot exceed your automobile insurance liability limits.

1. Split Limits (Bodily Injury and Property Damage)

Selection [In accordance with South Carolina law, the undersigned Named Insured, for each insured in the policy (mark applicable item below with an "X")]:	UM Bodily Injury Limits (Each Person/Each Accident)	Premium*
[]	\$25,000/\$50,000	\$
[]	\$50,000/\$100,000	\$
[]	\$100,000/\$300,000	\$
[]	\$250,000/\$500,000	\$
[]	\$500,000/\$1,000,000	\$
[]	\$1,000,000/\$2,000,000	\$
[]	\$2,500,000/\$5,000,000	\$
[]	\$5,000,000/\$10,000,000	\$
[]	Limits equal to the limits of my Liability Coverage	\$

AND

Selection [In accordance with South Carolina law, the undersigned Named Insured, for each insured in the policy (mark applicable item below with an "X")]:	UM Property Damage Limit (Each Accident)	Premium*
[]	\$25,000	\$
[]	\$50,000	\$
[]	\$100,000	\$

OR

2. Combined Single Limit (Bodily Injury and Property Damage)

Selection [In accordance with South Carolina law, the undersigned Named Insured, for each insured in the policy (mark applicable item below with an "X")]:	UM Combined Single Limit (Each Accident)	Premium*
[]	\$75,000	\$
[]	\$100,000	\$

<input type="checkbox"/>	\$125,000	\$
<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	\$
<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	\$

C. Underinsured Motorist Coverage

1. Do you wish to purchase Underinsured Motorist Coverage? Yes No

If your answer is "no", you must sign here and then proceed to **D. Applicant's Acknowledgment:**

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title

If your answer is "yes", then specify the limits below by marking your selection with an "X". These limits cannot exceed your automobile insurance liability limits.

2. Split Limits (Bodily Injury and Property Damage)

Your insurance policy does not provide any Underinsured Motorists Coverage. If you select Underinsured Motorists Coverage, additional premium will be charged.

Selection	UIM Bodily Injury Limits (Each Person/Each Accident)	Premium*
<input type="checkbox"/>	\$25,000/\$50,000	\$
<input type="checkbox"/>	\$50,000/\$100,000	\$

<input type="checkbox"/>	\$100,000/\$300,000	\$
<input type="checkbox"/>	\$250,000/\$500,000	\$
<input type="checkbox"/>	\$500,000/\$1,000,000	\$
<input type="checkbox"/>	\$1,000,000/\$2,000,000	\$
<input type="checkbox"/>	\$2,500,000/\$5,000,000	\$
<input type="checkbox"/>	\$5,000,000/\$10,000,000	\$
<input type="checkbox"/>	Limits equal to the limits of my Liability Coverage	\$

AND

Selection	UIM Property Damage Limit (Each Accident)	Premium*
[In accordance with South Carolina law, the undersigned Named Insured, for each insured in the policy (mark applicable item below with an "X")]:		
<input type="checkbox"/>	\$25,000	\$
<input type="checkbox"/>	\$50,000	\$
<input type="checkbox"/>	\$100,000	\$

OR

3. Combined Single Limit (Bodily Injury and Property Damage)

Selection	UIM Combined Single Limit (Each Accident)	Premium*
[In accordance with South Carolina law, the undersigned Named Insured, for each insured in the policy (mark applicable item below with an "X")]:		
<input type="checkbox"/>	\$75,000	\$
<input type="checkbox"/>	\$100,000	\$
<input type="checkbox"/>	\$125,000	\$
<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	\$
<input type="checkbox"/>	\$2,500,000	\$
<input type="checkbox"/>	\$3,000,000	\$
<input type="checkbox"/>	\$5,000,000	\$

[]	\$7,500,000	\$
[]	\$10,000,000	\$
[]	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.

D. Applicant's Acknowledgment

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of Uninsured Motorist Coverage and Underinsured Motorist Coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of Uninsured Motorist Coverage and Underinsured Motorist Coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

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