

**SOUTH DAKOTA NOTICE  
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

**THE SELECTIONS 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.**

Under South Dakota law, we are required to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your liability coverage limit if your liability coverage limit for bodily injury does not exceed \$100,000 each person and \$300,000 each accident (subject to the each person limit), or a single limit of \$300,000 each accident.

If your liability coverage limit exceeds these limits, we will provide Uninsured and Underinsured Motorists Coverage in your policy with a limit of \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident unless you specifically request a coverage limit greater than this amount. In the event that you request a coverage limit greater than this amount, the coverage limit you select may not be greater than the liability coverage limit of your policy.

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

**Uninsured Motorists Coverage**

- My policy's liability coverage limit is less than or equal to \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident and I select Uninsured Motorists (UM) Coverage with a coverage limit equal to my liability coverage limit.
  
- My policy's liability coverage limit is greater than \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident and I select Uninsured Motorists (UM) Coverage with a coverage limit, which is not less than \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident, and not greater than the liability coverage limit of my policy. Please select one UM each person/each accident split limit option OR one each accident single limit option:

<p><u>UM Limits</u> <u>(Each Person/Each Accident)</u></p> <p><input type="checkbox"/> 100,000/300,000</p> <p><input type="checkbox"/> 250,000/500,000</p> <p><input type="checkbox"/> 500,000/1,000,000</p> <p><input type="checkbox"/> Limits equal to the limits of my Liability Coverage</p>	<p>OR</p>	<p><u>UM Limit</u> <u>(Each Accident)</u></p> <p><input type="checkbox"/> 300,000</p> <p><input type="checkbox"/> 350,000</p> <p><input type="checkbox"/> 400,000</p> <p><input type="checkbox"/> 500,000</p> <p><input type="checkbox"/> 600,000</p> <p><input type="checkbox"/> 750,000</p> <p><input type="checkbox"/> 1,000,000</p> <p><input type="checkbox"/> 1,500,000</p> <p><input type="checkbox"/> 2,000,000</p> <p><input type="checkbox"/> Limit equal to the limit of my Liability Coverage</p>
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**Underinsured Motorists Coverage**

- [ ] My policy's liability coverage limit is less than or equal to \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident and I select Underinsured Motorists (UIM) Coverage with a coverage limit equal to my liability coverage limit.
  
- [ ] My policy's liability coverage limit is greater than \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident and I select Underinsured Motorists (UIM) Coverage with a coverage limit, which is not less than \$100,000 each person and \$300,000 each accident (subject to the each person limit) or a single limit of \$300,000 each accident, and not greater than the liability coverage limit of my policy. Please select one UIM each person/each accident split limit option OR one each accident single limit option:

<u>UIM Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UIM Limit</u> <u>(Each Accident)</u>
[ ] 100,000/300,000		[ ] 300,000
[ ] 250,000/500,000		[ ] 350,000
[ ] 500,000/1,000,000		[ ] 400,000
[ ] Limits equal to the limits of my Liability Coverage		[ ] 500,000
		[ ] 600,000
		[ ] 750,000
		[ ] 1,000,000
		[ ] 1,500,000
		[ ] 2,000,000
		[ ] Limit equal to the limit of my Liability Coverage

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