

Named Insured

Policy Number

**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.

South Dakota law requires us to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to your Bodily Injury Liability Coverage Limit. However, if your Bodily Injury Liability Coverage Limit is greater than \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined single limit of \$300,000 each accident), we are only required to provide Uninsured and Underinsured Motorists Coverage in your policy with a coverage limit equal to \$100,000 each person and (subject to the each person limit) \$300,000 each accident (or a combined 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 Bodily Injury 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

Please select one Split Limits UM option OR one Combined Single Limit UM option:

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</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 Coverage

Please select one Split Limits UIM option OR one Combined Single Limit UIM option:

- | <u>Split Limits UIM</u> | OR | <u>Combined Single Limit UIM</u> |
|--|----|------------------------------------|
| <input type="checkbox"/> 50,000/100,000 | | <input type="checkbox"/> 50,000 |
| <input type="checkbox"/> 100,000/300,000 | | <input type="checkbox"/> 75,000 |
| <input type="checkbox"/> 250,000/500,000 | | <input type="checkbox"/> 100,000 |
| <input type="checkbox"/> 500,000/1,000,000 | | <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 |

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