

Named Insured

Policy Number

**TENNESSEE NOTICE  
UNINSURED MOTORISTS COVERAGE  
SELECTION/REJECTION**

**THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED 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.**

Tennessee law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to your policy's limit of liability. You are not required to accept Uninsured Motorists Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Tennessee's minimum vehicle liability insurance limit requirement for bodily injury and property damage, which is split limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) and \$25,000 each accident property damage or a combined single limit of \$65,000 each accident. The property damage portion of Uninsured Motorists Coverage is subject to \$200 deductible. Alternatively, you may reject Uninsured Motorists Coverage in its entirety, or you may reject the property damage portion of Uninsured Motorists Coverage.

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

rejects the bodily injury and property damage portions of Uninsured Motorists Coverage in their entirety. (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)

selects both the bodily injury and property damage portions of Uninsured Motorists Coverage with the following coverage limit, which is not less than Tennessee's minimum requirement, and not greater than my Liability Coverage [Please select one Split Limits Uninsured Motorists Bodily Injury (UMBI) option AND one Uninsured Motorists Property Damage (UMPD) option, OR one Combined Single Limit (CSL) UMBI & UMPD option from the following]:

<u>Split Limits UMBI</u>	<u>UMPD</u>	OR	<u>CSL (UMBI &amp; UMPD)</u>
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 65,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 75,000
<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"/> 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

- 3,000,000
- 5,000,000
- 7,500,000
- 10,000,000

rejects the property damage portion of Uninsured Motorists Coverage and selects the bodily injury portion of Uninsured Motorists Coverage with the following coverage limit, which is not less than Tennessee's minimum requirement, and not greater than my Liability Coverage [Please select one Split Limits Uninsured Motorists Bodily Injury (UMBI) option OR one Combined Single Limit (CSL) UMBI option from the following]:

<u>Split Limits UMBI</u>	OR	<u>CSL UMBI</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 65,000
<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"/> 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

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