

**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 requirement for bodily injury and property damage, which is 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 a \$200 deductible. Alternatively, you may reject Uninsured Motorists Coverage in its entirety, or you may reject the property damage portion of Uninsured Motorists Coverage. Under Tennessee law, uninsured vehicles include underinsured vehicles.

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.)

rejects the property damage portion of Uninsured Motorists Coverage and selects the bodily injury portion of Uninsured Motorists Coverage with the following coverage limit(s), which is not less than Tennessee's minimum requirement, and not greater than my Liability Coverage limit(s). [Please select one Uninsured Motorists Bodily Injury (UMBI) each person/each accident split limit option OR one each accident single limit option]:

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UMBI Limit</u> <u>(Each Accident)</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"/> 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

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

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	<u>UMPD Limit</u> <u>(Each Accident)</u>	OR	<u>UMBI &amp; UMPD CSL</u> <u>(Each Accident)</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"/> 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

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