

Named Insured

Policy Number

**TEXAS NOTICE
UNINSURED/UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

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

Texas law requires us to provide Uninsured/Underinsured Motorists Coverage in your policy with a coverage limit equal to Texas' minimum vehicle liability insurance limit requirement, which is split limits of \$30,000 each person bodily injury and \$60,000 (subject to the each person limit) each accident bodily injury and \$25,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$85,000 each accident. The property damage portion of Uninsured/Underinsured Motorists Coverage is subject to \$250 deductible. You are not required to accept Uninsured/Underinsured Motorists Coverage at Texas' minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than the Liability Coverage limit of your policy. Alternatively, you may reject Uninsured/Underinsured Motorists Coverage in its entirety.

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

- rejects Uninsured/Underinsured Motorists Coverage in its entirety (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)
- selects Uninsured/Underinsured Motorists (UM/UIM) Coverage with the following coverage limit, which is not less than Texas' minimum requirement and not greater than the policy's limit of liability [Please select one Split Limits UM/UIM Bodily Injury (BI) option and one UM/UIM Property Damage (PD) option, OR one Combined Single Limit (CSL) UM/UIM BI & PD option]:

<u>Split Limits UM/UIM BI</u>	<u>UM/UIM PD</u>	OR	<u>CSL (UM/UIM BI & PD)</u>
<input type="checkbox"/> 30,000/60,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 85,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000			<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<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/Underinsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured/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