

Named Insured

Policy Number

**VERMONT NOTICE UNINSURED  
MOTORISTS COVERAGE**

**THE SELECTIONS 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.**

Vermont law requires us to provide bodily injury Uninsured Motorists Coverage in your policy with a coverage limit equal to Vermont's minimum requirement, which is split limits of \$50,000 each person bodily injury and (subject to the each person limit) \$100,000 each accident bodily injury. This coverage limit may be provided as a combined single limit of \$100,000 each accident bodily injury. You are not required to accept Uninsured Motorists Coverage at Vermont's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your Bodily Injury Liability Coverage limits. Vermont law also requires us to provide property damage Uninsured Motorists Coverage in your policy with a coverage limit equal to Vermont's minimum requirement, which is \$10,000 each accident property damage (subject to \$150 deductible if the claimant does not have automobile physical damage coverage).

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

selects bodily injury Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than Vermont's minimum requirement, and not greater than my Bodily Injury Liability Coverage limits (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"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 110,000
<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

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Authorized Signature of Named Insured on  
behalf of any of its subsidiaries or affiliates  
which may be covered under this policy as a  
Named Insured

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title