

Named Insured

Policy Number

VIRGINIA NOTICE UNINSURED MOTORISTS COVERAGE

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.

Virginia law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Virginia's minimum requirement, which is limits of \$50,000 each person bodily injury and \$100,000 each accident bodily injury (subject to the each person limit) and \$25,000 each accident property damage. The property damage portion of Uninsured Motorists Coverage is subject to a \$200 property damage deductible. This coverage limit may be provided as a combined single limit of \$125,000 each accident. You are not required to accept Uninsured Motorists Coverage at Virginia's minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your Liability Coverage limit. Under Virginia law, Uninsured Motorists Coverage includes Underinsured Motorists Coverage.

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

[] selects Uninsured Motorists (UM) Coverage with the following coverage limit(s), which is not less than Virginia's minimum requirement, and not greater than my Liability Coverage limit(s). [Please select one UM Bodily Injury (BI) option (each person/each accident limits) and one UM Property Damage (PD) 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 & UMPD CSL</u> <u>(Each Accident)</u>
		[] 25,000		[] 125,000
[] 50,000/100,000		[] 50,000		[] 150,000
[] 50,000/500,000		[] 100,000		[] 200,000
[] 100,000/200,000		[] 150,000		[] 220,000
[] 100,000/300,000		[] 200,000		[] 250,000
[] 100,000/500,000		[] 250,000		[] 300,000
[] 250,000/500,000		[] 300,000		[] 350,000
[] 300,000/300,000		[] 500,000		[] 400,000
[] 500,000/500,000		[] 1,000,000		[] 500,000
[] 500,000/1,000,000				[] 550,000
[] 1,000,000/1,000,000				[] 600,000
[] 1,000,000/2,000,000				[] 750,000
[] 2,500,000/5,000,000				[] 1,000,000
[] 5,000,000/10,000,000				[] 1,500,000
[] Limits equal to the limits of my Liability Coverage				[] 2,000,000
				[] 2,500,000
				[] 3,000,000
				[] 5,000,000
				[] 7,500,000
				[] 10,000,000
				[] 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