

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 split limits of \$30,000 each person bodily injury and \$60,000 each accident bodily injury (subject to the each person limit) and \$20,000 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 \$80,000 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 Limits.

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, which is not less than Virginia's minimum requirement, and not greater than my Liability Coverage Limits [Please select one Split Limits UM Bodily Injury (BI) option and one UM Property Damage (PD) option, OR one Combined Single Limit (CSL) UMBI & UMPD option]:

<u>Split Limits UMBI</u>	<u>&amp;</u>	<u>UMPD</u>	<u>OR</u>	<u>CSL (UMBI &amp; UMPD)</u>
[ ] 30,000/60,000		[ ] 20,000		[ ] 80,000
[ ] 35,000/70,000		[ ] 25,000		[ ] 100,000
[ ] 50,000/100,000		[ ] 50,000		[ ] 125,000
[ ] 50,000/500,000		[ ] 100,000		[ ] 150,000
[ ] 100,000/200,000		[ ] 150,000		[ ] 200,000
[ ] 100,000/300,000		[ ] 200,000		[ ] 220,000
[ ] 100,000/500,000		[ ] 250,000		[ ] 250,000
[ ] 250,000/500,000		[ ] 300,000		[ ] 300,000
[ ] 300,000/300,000		[ ] 500,000		[ ] 350,000
[ ] 500,000/500,000		[ ] 1,000,000		[ ] 400,000
[ ] 500,000/1,000,000				[ ] 500,000
[ ] 1,000,000/1,000,000				[ ] 550,000
[ ] 1,000,000/2,000,000				[ ] 600,000
[ ] 2,500,000/5,000,000				[ ] 750,000
[ ] 5,000,000/10,000,000				[ ] 1,000,000
				[ ] 1,500,000
				[ ] 2,000,000
				[ ] 2,500,000
				[ ] 3,000,000
				[ ] 5,000,000
				[ ] 7,500,000
				[ ] 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