

Named Insured

Policy Number

**WASHINGTON NOTICE  
UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

**THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR 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.**

Washington law requires us to provide Underinsured Motorists Coverage in your policy with a coverage limit equal to your policy's Liability Coverage limit. You are not required to accept Underinsured Motorists Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Washington's minimum requirement, which is limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit) and \$10,000 each accident property damage (subject to a \$300 deductible for hit-and-run losses and a \$100 deductible for all other losses). This coverage limit may be selected as a combined single limit of \$60,000 each accident. Alternatively, you may reject Underinsured Motorists Coverage in its entirety, or you may reject the property damage portion of Underinsured Motorists Coverage. Under Washington law, an underinsured motor vehicle includes a motor vehicle to which no bodily injury or property damage liability insurance policy applies at the time of an accident (uninsured motor vehicle).

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

rejects 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.)

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

<u>UIMBI Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UIMBI Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<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"/> 1,000,000/2,000,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 2,500,000/5,000,000		<input type="checkbox"/> 300,000
<input type="checkbox"/> 5,000,000/10,000,000		<input type="checkbox"/> 350,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<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

- 10,000,000
- Limit equal to the limit of my Liability Coverage

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

<u>UIMBI Limits</u> (Each Person/Each Accident)	<u>UIMPD Limit</u> (Each Accident)	OR	<u>UIMBI &amp; UIMPD CSL</u> (Each Accident)
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 10,000		<input type="checkbox"/> 60,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<input type="checkbox"/> 200,000
<input type="checkbox"/> 1,000,000/2,000,000			<input type="checkbox"/> 250,000
<input type="checkbox"/> 2,500,000/5,000,000			<input type="checkbox"/> 300,000
<input type="checkbox"/> 5,000,000/10,000,000			<input type="checkbox"/> 350,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage			<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 Underinsured Motorists Coverage and the selection(s)/rejection I have made on this Notice regarding Underinsured Motorists Coverage. I further understand and agree that my selection(s)/rejection will apply to this policy and any future supplemental, reinstated or renewal policy, unless I make an election in writing to change my selection(s)/rejection which is received and approved by the Company.

**In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.**

All other terms, conditions, and exclusions of the policy remain unchanged.

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

\_\_\_\_\_  
Authorized Signature of Named Insured

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

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

62607 (10/24)