

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 Limits. 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 split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury and (subject to a \$300 deductible for hit-and-run losses and a \$100 deductible for all other losses) \$10,000 each accident property damage. This coverage limit may be selected as a combined single limit of \$60,000 each accident. In addition, you may reject Underinsured Motorists Coverage in its entirety, or you may reject the property damage portion of Underinsured Motorists Coverage.

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.)

selects Underinsured Motorists Coverage with the following coverage limit, which is not less than Washington's minimum requirement, and not greater than my policy's Liability Coverage Limits. [please select one Split Limits Underinsured Motorists Bodily Injury (UIMBI) option and one Underinsured Motorists Property Damage (UIMPD) option, OR one Combined Single Limit (CSL) UIMBI & UIMPD option]:

<u>Split Limits UIMBI</u>	<u>UIMPD</u>	<u>OR</u>	<u>CSL (UIMBI &amp; UIMPD)</u>
<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"/> 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

rejects the property damage portion of Underinsured Motorists Coverage and selects the bodily injury portion of Underinsured Motorists Coverage with the following coverage limit, which is not less than Washington's minimum requirement, and not greater than my policy's Bodily Injury Liability Coverage Limits. [please select one Split Limits Underinsured Motorists Bodily Injury (UIMBI) option OR one Combined Single Limit (CSL) UIMBI option]:

<u>Split Limits UIMBI</u>	OR	<u>CSL UIMBI</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"/> 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 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