

Named Insured _____

Policy Number _____

**WISCONSIN NOTICE
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

THE SELECTIONS YOU MAKE BELOW AFFECT YOUR UNINSURED AND 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.

Uninsured Motorists Coverage provides protection for insureds under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles. Wisconsin law requires us to provide Uninsured Motorists Coverage in your policy in limits of at least \$25,000 per person and \$50,000 per accident (subject to the each person limit) for bodily injury or death. You are not required to accept Uninsured Motorists Coverage at this limit. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limits of your Liability Coverage.

Underinsured Motorists Coverage provides protection for insureds who are legally entitled to recover damages from owners or operators of underinsured motor vehicles. You may purchase Underinsured Motorists Coverage in limits of at least \$50,000 per person and \$100,000 per accident (subject to the each person limit) for bodily injury or death. In addition, you may select a greater coverage limit, but the coverage limit you select may not be greater than the limits of your Liability Coverage. The Underinsured Motorists coverage limit you select will be reduced by payments from other sources to the extent permitted by Wisconsin law. Alternatively, you can reject Underinsured Motorists Coverage.

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

Uninsured Motorists Coverage

Selects Uninsured Motorists (UM) Coverage with the following coverage limit(s), which is not less than \$25,000 per person and \$50,000 per accident (subject to the each person limit) and not greater than the limit(s) of my Liability Coverage (please select one UM each person/each accident split limit option OR one each accident single limit option):

- | | | |
|---|----|---|
| <u>UM Limits</u>
<u>(Each Person/Each Accident)</u>
<input type="checkbox"/> 25,000/50,000
<input type="checkbox"/> 50,000/100,000
<input type="checkbox"/> 100,000/300,000
<input type="checkbox"/> 250,000/500,000
<input type="checkbox"/> 500,000/1,000,000
<input type="checkbox"/> Limits equal to the
limits of my Liability
Coverage | OR | <u>UM Limit</u>
<u>(Each Accident)</u>
<input type="checkbox"/> 50,000
<input type="checkbox"/> 60,000
<input type="checkbox"/> 100,000
<input type="checkbox"/> 125,000
<input type="checkbox"/> 150,000
<input type="checkbox"/> 200,000
<input type="checkbox"/> 250,000
<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"/> Limit equal to the limit of my Liability Coverage |
|---|----|---|

Underinsured Motorists Coverage

Rejects Underinsured Motorists Coverage.

Selects Underinsured Motorists (UIM) Coverage with the following coverage limit(s), which is not less than \$50,000 per person and \$100,000 per accident (subject to the each person limit) and not greater than the limit(s) of my Liability Coverage (please select one UIM each person/each accident split limit option OR one each accident single limit option):

<u>UIM Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UIM Limit</u> <u>(Each Accident)</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"/> Limits equal to the limits of my Liability Coverage		<input type="checkbox"/> 200,000
		<input type="checkbox"/> 250,000
		<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"/> Limit equal to the limit of my Liability Coverage

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured and Underinsured Motorists Coverage. I further understand and agree that my selections 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 selections 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