KENTUCKY UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION OF LIMITS

1. Uninsured Motorists Bodily Injury Coverage compensates you, or other persons insured under your automobile policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. For a more detailed explanation of this coverage, refer to your policy.

Kentucky law requires you to purchase Uninsured Motorists Bodily Injury Coverage unless you tell us, in writing and sign where indicated, that you do not want this coverage. The minimum limit allowed by Kentucky law is $25,000 per person/$50,000 per accident.

If you have not previously completed and signed a selection or rejection of coverage form, please select from the coverage options listed below, sign your name and mail the completed form to the Servicing Office that is printed on your Declarations page. If you want to change your coverage from that which is listed on your Declarations page, you may use this form to do so.

UNINSURED MOTORISTS BODILY INJURY COVERAGE

Please make one selection below, either to select a limit of Uninsured Motorists Bodily Injury Coverage or to reject the coverage. You can select a limit that is equal to or less than the Bodily Injury Liability limit that is listed on your Declarations page.

I select the following coverage limit:

- [ ] $25,000 per person/$50,000 per accident
- [ ] $50,000 per person/$100,000 per accident
- [ ] $100,000 per person/$200,000 per accident
- [ ] $100,000 per person/$300,000 per accident
- [ ] $250,000 per person/$500,000 per accident
- [ ] $300,000 per person/$300,000 per accident
- [ ] $500,000 per person/$500,000 per accident
- [ ] $500,000 per person/$1,000,000 per accident
- [ ] $1,000,000 per person/$1,000,000 per accident

I reject Uninsured Motorists Coverage entirely and understand that my policy will not include this coverage.

Please see the back of this form for other selection options and signature requirements.
2. **Underinsured Motorists Bodily Injury Coverage** compensates you, or other persons insured under your automobile policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an underinsured motor vehicle. For a more detailed explanation of this coverage, refer to your policy.

Kentucky law requires us to offer you optional Underinsured Motorists Bodily Injury Coverage in limits up to your Bodily Injury Liability limit. Please make your selection in the box below.

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**UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**

Please make one selection below, either to select a limit of Underinsured Motorists Bodily Injury Coverage or to reject the coverage. You can select a limit that is equal to or less than the Bodily Injury Liability limit that is listed on your Declarations page.

I select the following coverage limit:

- [ ] $25,000 per person/$50,000 per accident
- [ ] $50,000 per person/$100,000 per accident
- [ ] $100,000 per person/$200,000 per accident
- [ ] $100,000 per person/$300,000 per accident
- [ ] $250,000 per person/$500,000 per accident
- [ ] $300,000 per person/$300,000 per accident
- [ ] $500,000 per person/$500,000 per accident
- [ ] $500,000 per person/$1,000,000 per accident
- [ ] $1,000,000 per person/$1,000,000 per accident

I reject Underinsured Motorists Bodily Injury Coverage entirely and understand that my policy will not include this coverage.

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IF YOU DO NOT SELECT ANY OF THE ABOVE OPTIONS - YOUR UNINSURED MOTORISTS BODILY INJURY COVERAGE WILL BE PROVIDED AT THE MANDATORY MINIMUM LIMITS REQUIRED BY KENTUCKY LAW, $25,000 PER PERSON/$50,000 PER ACCIDENT, AND YOUR UNDERINSURED MOTORISTS BODILY INJURY COVERAGE WILL REMAIN AS IT APPEARS ON THE DECLARATIONS PAGE.

EACH NAMED INSURED, AS LISTED ON THE DECLARATIONS PAGE, MUST SIGN THIS FORM FOR THE REJECTION OF UNINSURED AND/OR UNDERINSURED MOTORISTS COVERAGE TO BE VALID.

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Named Insured Signature  
Printed Name  
Date

Named Insured Signature  
Printed Name  
Date

Named Insured Signature  
Printed Name  
Date

Policy Number