

ARKANSAS UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION OF LIMITS

Uninsured Motorists Bodily Injury Coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. An uninsured motor vehicle is one that has no liability insurance coverage. For a more detailed explanation of this coverage, refer to your policy.

Arkansas law requires that your auto liability policy provide you with Uninsured Motorists Bodily Injury coverage equal to the Bodily Injury Liability limits that are listed on your Declarations Page unless you reject these higher limits and either select a lower limit or reject this coverage entirely. The lowest limit of Uninsured Motorists Coverage available is \$25,000 per person/\$50,000 per accident.

Please select from the coverage options listed below, sign your name and mail the completed form to the Customer Service Center that is listed on your Declarations Page. You may also use this form to select Uninsured Motorists Coverage limits other than what your Declarations Page currently indicates.

UNINSURED MOTORISTS BODILY INJURY COVERAGE

I select the following coverage:

- I **select** Uninsured Motorists Bodily Injury Coverage limits **equal** to the Bodily Injury Liability Coverage limits that are listed on my Declarations Page.
- I **reject** Uninsured Motorists Bodily Injury Coverage limits **equal** to the Bodily Injury Liability Coverage limits that are listed on my Declarations Page and select one of the following lower limits:
- | | |
|--|--|
| <input type="checkbox"/> \$25,000 per person/\$50,000 per accident | <input type="checkbox"/> \$300,000 per person/\$300,000 per accident |
| <input type="checkbox"/> \$50,000 per person/\$100,000 per accident | <input type="checkbox"/> \$500,000 per person/\$500,000 per accident |
| <input type="checkbox"/> \$100,000 per person/\$200,000 per accident | <input type="checkbox"/> \$500,000 per person/\$1,000,000 per accident |
| <input type="checkbox"/> \$100,000 per person/\$300,000 per accident | <input type="checkbox"/> \$1,000,000 per person/\$1,000,000 per accident |
| <input type="checkbox"/> \$250,000 per person/\$500,000 per accident | |
- I **reject** Uninsured Motorists Bodily Injury Coverage **entirely** and understand that my policy will not provide this coverage.

Underinsured Motorists Bodily Injury Coverage compensates you, or other person insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages for bodily injury from an owner or operator of an Underinsured motor vehicle. An Underinsured motor vehicle is one that is covered by some form of liability insurance, but that insurance coverage is not sufficient to fully compensate you for your damages. For a more detailed explanation of this coverage, refer to your policy.

Arkansas law requires that your auto liability policy provide you with Underinsured Motorists Bodily Injury Coverage with limits equal to the Bodily Injury Liability coverage limits that are listed on your Declarations Page unless you reject these higher limits and either select a lower limit or reject this coverage entirely. The lowest limit of Underinsured Motorists Coverage available is \$25,000 per person/\$50,000 per accident. Please select from the coverage options listed below, sign your name and mail the completed form to the Customer Service Center that is listed on your Declarations Page. You may also use this form to select Underinsured Motorists Coverage limits other than what your Declarations Page currently indicates.

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

I select the following coverage:

- I **select** Underinsured Motorists Bodily Injury Coverage limits **equal** to the Uninsured Motorist Bodily Injury Coverage limits that I selected above.
- I **reject** Underinsured Motorists Bodily Injury Coverage limits **equal** to the Uninsured Motorist Bodily Injury Coverage limits that are listed on my Declarations Page and select one of the following lower limits:
 - \$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 provide this coverage.

Uninsured Motorists Property Damage Coverage compensates you for damages to your covered auto that you may be legally entitled to collect from an uninsured motorist. If you selected Uninsured Motorists Bodily Injury Coverage limits above you may also select Uninsured Motorists Property Damage Coverage, subject to a \$200 deductible.

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

I select **optional** Uninsured Motorists Property Damage Coverage at the following limit, subject to a \$200 deductible:

- \$25,000 per accident
- \$50,000 per accident
- \$100,000 per accident
- \$200,000 per accident
- I choose **not** to select **Uninsured Motorists Property Damage Coverage** and understand that my policy will not include this coverage. **You must sign and return this form if you choose to reject Uninsured Motorists Property Damage Coverage.**

IF YOU DO NOT MAKE A SELECTION FOR UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE ABOVE, YOUR POLICY WILL PROVIDE UNINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY COVERAGE LIMITS AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE LIMITS EQUAL TO \$25,000 PER PERSON/\$50,000 PER ACCIDENT. IF YOU DO NOT MAKE A SELECTION FOR UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE ABOVE, YOUR POLICY WILL PROVIDE UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE LIMITS EQUAL TO YOUR PROPERTY DAMAGE LIABILITY LIMIT SHOWN ON YOUR DECLARATIONS PAGE.

Named Insured Signature

Date

Print Name

Policy Number

If you have any questions concerning these coverages please call .