COLORADO UNINSURED MOTORISTS COVERAGE

SELECTION OF LIMITS

Read this entire form before making important decisions about your coverage

Please mark your coverage selection (or rejection) on this form, sign it and send it to the Customer Service Center that is listed on your Declarations page.

I. Uninsured Motorists Bodily Injury Coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may legally be 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. Colorado law requires you to purchase this coverage unless you reject it, in writing, and sign where indicated. The minimum limits allowed by law are $25,000 per person/$50,000 per accident. You may select higher limits up to the amount of Bodily Injury Liability limits or $100,000 per person/$300,000 per accident, whichever is less. If you reject this coverage you are also rejecting Uninsured Motorists Property Damage Coverage, which is described below.

Uninsured Motorists Bodily Injury Coverage

I select the following limits of Uninsured Motorists Bodily Injury Coverage that is equal to or less than the Bodily Injury Liability limits that are listed on the Declarations page:

- $25,000 per person/$50,000 per accident
- $50,000 per person/$100,000 per accident
- $100,000 per person/$300,000 per accident

I reject this coverage entirely and understand that my policy will not include Uninsured Motorists Bodily Injury Coverage or Uninsured Motorists Property Damage Coverage.

II. Uninsured Motorists Property Damage Coverage compensates you for amounts that you may be legally entitled to collect from an owner or operator of an uninsured motor vehicle for damage sustained by your vehicle. You have the option to purchase this coverage for any of your covered automobiles on which Collision Coverage is not provided. To select Uninsured Motorists Property Damage Coverage complete the two sections in the box below. You must indicate the vehicle(s) on which you want this coverage to apply.

Uninsured Motorists Property Damage Coverage

I select Uninsured Motorists Property Damage Coverage, which will apply to the vehicle(s) listed below that do not have Collision Coverage:

- year/make/model
- year/make/model
- year/make/model
- year/make/model
- year/make/model

I select the following deductible that will apply to the Uninsured Motorists Property Damage Coverage on the vehicle(s) indicated above:

- No deductible (ACV)
- $300 deductible

Please see the back of this form for signature.
THE SIGNATURE OF THE NAMED INSURED IS REQUIRED FOR THE REJECTION OF THE UNINSURED MOTORISTS BODILY INJURY COVERAGE. IF YOU REJECTED THIS COVERAGE AT QUOTE AND FAIL TO SIGN FOR THAT REJECTION YOUR POLICY WILL BE AMENDED TO PROVIDE THE COVERAGE AT THE MINIMUM LIMITS OF $25,000 PER PERSON/$50,000 PER ACCIDENT.

_________________________  _______________________
Signature                  Date

_________________________
Policy Number

If you have any questions about this form please call.