

## UNINSURED MOTORISTS COVERAGE SELECTION OF SPLIT LIMITS INFORMED CONSENT

If you have **not** previously completed and signed for the selection of Uninsured/Underinsured Motorists Bodily Injury Coverage, please select from the following coverage options listed on the back of this form, sign your name and mail the completed form to the Servicing Office that is printed on your Declarations Page. If you previously selected an option and now want to revise your coverage, you may use this form to advise us of those changes.

**In Connecticut, Uninsured/Underinsured Motorists 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 or underinsured motor vehicle because of bodily injury. An uninsured motor vehicle is one that has no liability insurance coverage. An underinsured motor vehicle is one which is covered by some form of liability insurance, but that liability insurance is not sufficient to fully compensate you for your damages. Regardless of the number of policies issued, vehicles or premiums shown on a policy, premiums paid, persons covered, vehicles involved in an accident, or claims made, in no event shall the limit of liability for uninsured and underinsured motorists coverage applicable to two or more motor vehicles covered under the same or separate policies be added together (stacked) to determine the limit of liability for such coverage available to an injured person or persons for any one accident.

You have two options when selecting this coverage.

1. **Uninsured Motorists Bodily Injury Coverage with Standard Underinsured Motorists Bodily Injury Coverage** is listed on the Declarations Page as Uninsured/Underinsured Motorists Bodily Injury. With this option, the Underinsured Motorists Coverage provides protection when your injuries are caused by someone whose insurance is not enough to pay for all of your damages and is less than your Uninsured/Underinsured Motorists limits. In these cases, this coverage will pay the difference between those amounts.
2. **Uninsured Motorists Bodily Injury Coverage with Underinsured Motorists Bodily Injury Conversion Coverage** is listed on the Declarations Page as Uninsured/Underinsured Motorists Bodily Injury w/Conversion Coverage. With this option, the Underinsured Motorists Coverage provides protection as described in (1) above. However, payments made with Underinsured Conversion Coverage are not reduced by payment from any source. If your damages exceed the amount of the negligent party's insurance, your Underinsured Motorists Conversion Coverage will be available for damages not paid, up to the limit you select.

Both Standard Underinsured Motorists Coverage and Conversion Underinsured Motorists Coverage only become available after the liability insurance of the at-fault person has been fully paid.

Regardless which of the two types of Uninsured/Underinsured Motorists Coverage you select, Connecticut law requires you to purchase Uninsured/Underinsured Motorists Bodily Injury Coverage with limits equal to your Bodily Injury Liability Coverage unless you make another selection, **in writing**. These other options include selecting limits that are two times your Bodily Injury Coverage for a higher premium, or selecting limits that are less than your Bodily Injury Coverage for a lower premium. The lowest limits allowed by Connecticut law is \$20,000 per person/\$40,000 per accident. So that you can make an informed decision, we are providing you with a separate rating sheet, which lists the coverage options that are available to you along with their corresponding premiums.

**YOU MUST MAKE A SELECTION ON THE BACK OF THIS FORM.** Select only **one** option in **either** the box titled Uninsured Motorists Coverage with Standard Underinsured Motorists Coverage **or** the box titled Uninsured Motorists Coverage with Underinsured Conversion Coverage. Return this form to the Servicing Office that is listed on your Declarations Page.

**CHOOSE ONE**

<b>Uninsured Motorists Coverage with Standard Underinsured Motorists Coverage</b>		
	<b>Selection</b>	<b>Per Vehicle Premium</b>
___	I select _____ / _____ per person/per accident which is equal to my Bodily Injury Coverage limit.	see attached chart
___	I select a limit which is 2 times my Bodily Injury Coverage limit.	see attached chart
** ___	I select _____ / _____ per person/per accident which is less than my Bodily Injury Coverage limit. (Please fill in the selected limit)	see attached chart

\*\* The double asterisk preceding a box indicates that you have selected a limit that is lower than your Bodily Injury Coverage limit that is a reduction in coverage for a reduction in premium.

**DO NOT CHECK THE BOX BELOW IF YOU HAVE MADE A SELECTION IN THE BOX ABOVE.**

<b>Uninsured Motorists Coverage with Underinsured Motorists Conversion Coverage</b>		
	<b>Selection</b>	<b>Per Vehicle Premium</b>
___	I select _____ / _____ per person/per accident which is equal to my Bodily Injury Coverage limit.	see attached chart
___	I select a limit which is 2 times my Bodily Injury Coverage limit.	see attached chart
** ___	I select _____ / _____ per person/per accident which is less than my Bodily Injury Coverage limit. (Please fill in the selected limit)	see attached chart

\*\* The double asterisk preceding a box indicates that you have selected a limit that is lower than your Bodily Injury Coverage limit that is a reduction in coverage for a reduction in premium.

**IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY A DOUBLED ASTERISK(\*\*), WHEN YOU SIGN THIS FORM YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGES WHICH PROTECT YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR. YOU MAY CONTACT THE CUSTOMER SERVICE CENTER THAT IS LISTED ON YOUR DECLARATIONS PAGE.**

IF YOU DO NOT SELECT ONE OF THE ABOVE OPTIONS YOU WILL BE PROVIDED WITH UNINSURED MOTORISTS COVERAGE WITH STANDARD UNDERINSURED MOTORISTS COVERAGE WITH LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY COVERAGE.

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number