

UNINSURED MOTORISTS SELECTION/ REJECTION FORM GEORGIA

(To be completed and signed by the Named Insured)

NAME	POLICY NUMBER
ADDRESS	

PROTECTION AGAINST UNINSURED/ UNDERINSURED MOTORISTS

Uninsured motor vehicles include 1) motor vehicles for which there is no bodily injury and property damage liability insurance, 2) motor vehicles for which the available limits for bodily injury and property damage liability insurance are less than the limits of the Uninsured Motorists coverage provided in this policy (underinsured motor vehicle) or 3) hit-and-run vehicles.

In accordance with Georgia Statutes, all auto policies must have Uninsured Motorists coverage which provides protection against uninsured motor vehicles equal to the minimum Financial Responsibility Limits of \$25,000 each person/ \$50,000 each accident bodily injury and \$25,000 each accident property damage; or \$75,000 each accident Combined Single Limits (CSL). You may elect higher Uninsured Motorists coverage up to the Bodily Injury and Property Damage Liability limits of your policy or you may reject Uninsured Motorists coverage entirely.

Please indicate your Uninsured Motorists coverage selection:

- Bodily Injury and Property Damage Liability Limits.
- Combined Single Limits of \$_____ each accident; OR
- Split Limits \$_____ each person, \$_____ each accident bodily injury and \$_____ each accident property damage.
- I wish to reject Uninsured Motorists coverage.

Also you may choose this coverage with or without a deductible. Please indicate your choice below:

- No deductible
- \$500 deductible each accident; OR if Split Limits: \$250 bodily injury each accident, \$250 property damage each accident
- \$1000 deductible each accident; OR if Split Limits: \$500 bodily injury each accident, \$500 property damage each accident
- \$2000 deductible each accident; OR if Split Limits: \$1000 bodily injury each accident, \$1000 property damage each accident

I understand that the coverage selection or rejection indicated above shall apply on this policy and all future renewal policies until I notify The Company IN WRITING of any changes.

If you sign below, and/ or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	DATE
AGENT	DATE