

**AGENT READ THIS FIRST  
REGARDING THE ARIZONA UM/UIM FORM CA 7021 08 10**

ON PAGE ONE OF THE ARIZONA UM/UIM SELECTION/REJECTION FORM THERE IS A LINE WHERE THE LIABILITY POLICY LIMIT BEING WRITTEN ON THE POLICY NEEDS TO BE FILLED IN. PLEASE WRITE IN THE POLICY LIMIT ON THAT LINE BEFORE GIVING THE FORM TO THE INSURED TO MAKE THEIR SELECTIONS ON THE REST OF THE FORM.

IN THE SECTIONS WHERE 2 PREMIUMS ARE SHOWN ON A LINE, THE FIRST PREMIUM IS FOR AN INDIVIDUAL OR MARRIED COUPLE AND THE SECOND PREMIUM IS FOR ALL OTHER TYPES OF ENTITIES SUCH AS PARTNERSHIP, CORPORATION, LLC OR LTD.

POLICY NUMBER:

## ARIZONA UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

<b>Applicant/Named Insured:</b>	<b>Policy Effective Date:</b>
<b>Company: Harco National Insurance Company</b>	<b>Producer:</b>

Arizona law permits you to make certain decisions regarding **UN**insured Motorists Coverage and **UNDER**insured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding **UN**insured Motorists Coverage or **UNDER**insured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages your policy provides.

### DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both UN**insured and **UNDER**insured Motorist coverages with the proposed automobile liability policy. **THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.**

**UN**insured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. **UNDER**insured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. Your policy provides **UN**insured/**UNDER**insured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both **UN**insured Motorist coverage and **UNDER**insured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's bodily injury liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \_\_\_\_\_

**A. Mandatory Offer Of UNinsured Motorists Coverage**

Please indicate a choice from either 1., 2., or 3. below by initialing next to the appropriate item.

**1. Selection Of UNinsured Motorists Coverage**

(Initials)  _____	I select UNinsured Motorists Coverage at limits equal to the limits of my Liability Coverage.	<b>Premium</b> per power unit \$ 300,000 limit \$36 or \$34 \$ 500,000 limit \$39 or \$37 \$ 750,000 limit \$41 or \$38 \$ 1,000,000 limit \$42 or \$40
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**2. Rejection Of UNinsured Motorist Coverage**

(Initials)  _____	I reject UNinsured Motorists Coverage.
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**3. Rejection Of UNinsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

(Initials)  _____	I reject UNinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits: (Choose one):			
	<b>Split Limits</b>	<b>OR</b>	<b>Combined Single Limit</b>	
(Initials)	per power Premium		(Initials)	per power Premium
_____	\$ 15,000/30,000		_____	\$ 30,000 \$ 21 or 19
_____	25,000/50,000		_____	50,000 24 or 22
_____	50,000/100,000		_____	100,000 29 or 26
_____	100,000/300,000		_____	250,000 34 or 32
_____	250,000/500,000		_____	300,000 36 or 34
_____	500,000/1,000,000		_____	350,000 37 or 34
_____	(Other)		_____	500,000 39 or 37
			_____	750,000 41 or 38
			_____	1,000,000 42 or 40
			_____	(Other)

**B. Mandatory Offer Of UNDERinsured Motorists Coverage**

Please indicate a choice from either 1., 2., or 3. below by initialing next to the appropriate item.

**1. Selection Of UNDERinsured Motorists Coverage**

(Initials)  _____	I select UNDERinsured Motorists Coverage at limits equal to the limits of my Liability Coverage.	<b>Premium</b> per power unit \$ 300,000 limit \$76 \$ 500,000 limit \$93 \$ 750,000 limit \$103 \$ 1,000,000 limit \$113
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**2. Rejection Of UNDERinsured Motorist Coverage**

(Initials)  _____	I reject UNDERinsured Motorists Coverage.
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**3. Rejection Of UNDERinsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

(Initials)  _____	I reject UNDERinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits:			
(Choose one):				
	<b>Split Limits</b>		<b>OR</b>	<b>Combined Single Limit</b>
(Initials)		per power Premium		(Initials)
_____	\$ 15,000/30,000	\$ 11		\$ 30,000
_____	25,000/50,000	17		50,000
_____	50,000/100,000	28		100,000
_____	100,000/300,000	48		250,000
_____	250,000/500,000	74		300,000
_____	500,000/1,000,000	98		350,000
_____	(Other)	_____		500,000
				750,000
				1,000,000
				(Other)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy that are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

**DO NOT SIGN UNTIL YOU READ**

**Signed:** \_\_\_\_\_  
**(Named Insured)**

\_\_\_\_\_  
**Date**

**Attached to application dated:** \_\_\_\_\_