



ARIZONA
UNINSURED AND UNDERINSURED MOTORIST COVERAGE
SELECTION FORM

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase both Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. The selection of either of these coverages applies to all covered autos on the policy including hired and non-owned autos. **THESE COVERAGES PROTECT YOU, YOUR FAMILY, AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.**

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured 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. This policy will provide Uninsured/Underinsured coverage in the same amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage, and Underinsured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/30,000 split limits) up to your policy liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: _____

Options available for Uninsured and Underinsured Motorist coverages.

<u>Uninsured</u> Motorist Liability				<u>Underinsured</u> Motorist Liability			
Accept	Reject	(initial)		Accept	Reject	(initial)	
_____	_____	_____	Limit	_____	_____	_____	Limit
			Premiu m				Premiu m
_____	_____	_____	Limit	_____	_____	_____	Limit
			Premiu m				Premiu m
_____	I do not wish to purchase <u>Uninsured</u> Motorist Coverage			_____	I do not wish to purchase <u>Underinsured</u> Motorist Coverage		

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 which 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.

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Signed: _____ Date: _____
 (Named Insured)

Attached to application dated: _____