

UTAH BODILY INJURY UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company: HARCO NATIONAL INSURANCE COMPANY	Producer:
Applicant/Named Insured:	

Utah law permits you to make certain decisions regarding Underinsured Motorists Coverage (UIM). This document describes this coverage and the options available with respect to Bodily Injury Underinsured Motorists Coverage.

You should read this document carefully and contact us or your agent if you have any questions regarding Underinsured Motorists Coverage and your options with respect to this coverage.

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 you are provided.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Utah law requires that automobile liability policies include Underinsured Motorists Coverage at limits equal to the lesser of the limits of the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy or the maximum Underinsured Motorists Coverage Limits that we have available for your type of policy, unless you reject or select lower limits for Underinsured Motorists Coverage.

Please indicate your choice by initialing next to the appropriate item(s) in either **A.**, **B.** or **C.** below:

A. Selection Of Bodily Injury Underinsured Motorists Coverage Limits Required To Be Offered

<p>(Initials) _____</p>	<p>I select Bodily Injury Underinsured Motorists Coverage equal to the lesser of the following:</p> <p>1. Underinsured Motorists Coverage Limits equal to my policy's Bodily Injury Liability Split Limits or Combined Single Limit;</p> <p>or</p> <p>2. The maximum Underinsured Motorists Coverage Limits available for my type of policy which is:</p> <p><u> Your Policy's Bodily Injury Liability Limit </u> (Split Limits);</p> <p>or</p> <p><u> Your Policy's Bodily Injury Liability Limit </u> (Combined Single Limit).</p>
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B. Rejection And Waiver Of Higher Limits For Bodily Injury Underinsured Motorists Coverage And Selection Of Lower Limits

<p>(Initials) _____ I reject and waive the higher Underinsured Motorists Coverage and select the following lower limits:</p>				
<p>(Choose one):</p>				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$		_____	\$
_____	10,000/20,000		_____	20,000
_____	25,000/65,000		_____	65,000
_____	50,000/100,000		_____	80,000
_____	100,000/300,000		_____	100,000
_____	250,000/500,000		_____	250,000
_____	500,000/1,000,000		_____	350,000
_____	_____		_____	500,000
	(Other)		_____	1,000,000
			_____	_____
				(Other)
<p>Premium for the lower Underinsured Motorists Coverage Limits selected above:</p>				<p>\$ _____</p>
<p>Additional premiums to purchase Underinsured Motorists Coverage with limits equal to the lesser of the limits of the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy or the maximum Underinsured Motorists Coverage Limits that we have available for your type of policy:</p>				<p>per power unit **</p>
				\$300,000 \$30 or \$28
				\$500,000 \$37 or \$35
				\$750,000 \$40 or \$39
				\$ 1,000,000 \$44 or \$43

** First premium number is for Named Insured's that are Individuals or Married Couples.
 Second premium number is for Named Insured's that are other than Individuals or Married Couples.

C. Rejection Of Bodily Injury Underinsured Motorists Coverage

(Initials)	
_____ I reject Bodily Injury Underinsured Motorists Coverage.	
_____	_____
Signature Of Applicant/Named Insured	Date