

UTAH BODILY INJURY UNINSURED 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 Uninsured Motorists Coverage (UM). This document describes this coverage and the options available with respect to Bodily Injury Uninsured Motorists Coverage.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured 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.

Uninsured 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 uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Utah law requires that automobile liability policies include Uninsured 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 Uninsured Motorists Coverage Limits that we have available for your type of policy, unless you reject or select lower limits for Uninsured 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 Uninsured Motorists Coverage Limits Required To Be Offered

<p>(Initials) _____</p>	<p>I select Bodily Injury Uninsured Motorists Coverage equal to the lesser of the following:</p> <p>1. Uninsured 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 Uninsured 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 Uninsured Motorists Coverage And Selection Of Lower Limits

(Initials) _____ I reject and waive the higher Uninsured Motorists Coverage and select the following lower limits:																																										
(Choose one):																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">(Initials)</th> <th style="text-align: left; padding: 5px;">Split Limits</th> </tr> <tr> <td style="padding: 5px;">_____ \$</td> <td style="padding: 5px;">25,000/65,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">50,000/100,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">100,000/300,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">250,000/500,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">500,000/1,000,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">(Other)</td> </tr> </table>	(Initials)	Split Limits	_____ \$	25,000/65,000	_____	50,000/100,000	_____	100,000/300,000	_____	250,000/500,000	_____	500,000/1,000,000	_____	_____	_____	(Other)	OR	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">(Initials)</th> <th style="text-align: left; padding: 5px;">Combined Single Limit</th> </tr> <tr> <td style="padding: 5px;">_____ \$</td> <td style="padding: 5px;">65,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">80,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">100,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">250,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">300,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">350,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">500,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">750,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">1,000,000</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">(Other)</td> </tr> </table>	(Initials)	Combined Single Limit	_____ \$	65,000	_____	80,000	_____	100,000	_____	250,000	_____	300,000	_____	350,000	_____	500,000	_____	750,000	_____	1,000,000	_____	_____	_____	(Other)
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<p>Premium for the lower Uninsured Motorists Coverage Limits selected above: \$ _____</p>																																										
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** 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 Uninsured Motorists Coverage

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