



**SELECTION OF UNINSURED MOTORISTS COVERAGE AND  
SELECTION/REJECTION OF UNDERINSURED MOTORISTS COVERAGE**

**WISCONSIN**

INSURED: \_\_\_\_\_

POLICY NO.: (IF APPLICABLE) \_\_\_\_\_

Wisconsin Statutes, Section 632.32 mandates that every motor vehicle liability policy provide uninsured motorists coverage in a combined single limit of at least \$50,000, and offer underinsured motorists coverage in a combined single limit of at least \$100,000. The statute permits the purchase of additional coverage up to the bodily injury liability limits provided in the policy.

Uninsured and underinsured motorists coverage becomes available to the insured if the insured is legally entitled to recover damages from the owner or operator of an uninsured or underinsured motor vehicle.

The undersigned named insured: (Mark "X" in appropriate boxes)

- hereby purchases uninsured motorists coverage in a combined single limit of \$50,000 (minimum limit) and rejects the offer to purchase additional uninsured motorists coverage.
- hereby purchases uninsured motorists coverage in a combined single limit of \$ \_\_\_\_\_ (Maximum Limit - Policy Limit)

AND

- hereby rejects underinsured motorists coverage.
- hereby purchases underinsured motorists coverage in a combined single limit of \$100,000 (minimum limit) and rejects the offer to purchase additional underinsured motorists coverage.
- hereby purchases underinsured motorists coverage in a combined single limit of \$ \_\_\_\_\_ (Maximum Limit - Policy Limit)

Note: You may purchase uninsured and underinsured motorists coverage in an amount up to the liability limits of this policy. If you do not select an amount of coverage for uninsured motorist coverage; and do not reject underinsured motorists coverage or select an amount of coverage for underinsured motorists coverage, you will be provided these coverages in the minimum limits set out above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type, or Print Name of Applicant or Insured

\_\_\_\_\_  
Date Signed



**SELECTION/REJECTION OF  
MEDICAL PAYMENTS COVERAGE  
WISCONSIN**

INSURED: \_\_\_\_\_  
POLICY NO (IF APPLICABLE) \_\_\_\_\_

Medical Payments coverage protects of in the event of an accident. This coverage will pay reasonable expenses incurred for necessary medical and funeral services to or for an insured who sustains bodily injury caused by an accident.

I have read the description of what Medical payments Coverage provides and have made the following selection. Please check only one.

- I accept the offer of Medical Payments Coverage at the limit of \$1,000.
- I reject the offer of Medical Payments Coverage.

Once rejected Medical Payment will not be offered on subsequent renewals unless the named insured request such coverage in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type, or Print Name of Applicant or Insured

\_\_\_\_\_  
Date Signed