

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Alabama law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

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

Uninsured Motorists Coverage provides insurance protection to an insured for 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.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury.

Please indicate your choice from either **A.** or **B.** as follows:

A. Selection of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below:

<i>(Initial)</i>	LIMITS (000) omitted	Premium per Unit
_____	25/50	28
_____	50/50	36
_____	75/75	44
_____	100/100	50
_____	125/125	54
_____	150/150	58
_____	200/200	64
_____	250/250	68
_____	300/300	72
_____	350/350	75
_____	400/400	77
_____	500/500	81
_____	600/600	85
_____	750/750	88
_____	1,000/1,000	93

Signature of Applicant/Named Insured

Date

B. Rejection of Uninsured Motorists (Family Protection) Coverage

In accordance with the provisions of 32-7-23 (a) of the Alabama Law which permit the insured named in the policy to reject the Uninsured Motorist (Family Protection) Coverage, the undersigned insured(s) does hereby reject such insurance, being the insurance provided for the protection of persons insured under this policy who would legally be entitled to recover damages from the owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom.

IF THE NAMED INSURED IS AN INDIVIDUAL AND THERE IS MORE THAN ONE NAMED INSURED, ALL NAMED INSUREDS MUST REJECT SUCH COVERAGE IN WRITING.

_____ I reject Uninsured Motorists Coverage.
(Initials)

Signature Of Applicant/Named Insured

Date

_____ I reject Uninsured Motorists Coverage.
(Initials)

Signature Of Applicant/Named Insured

Date

_____ I reject Uninsured Motorists Coverage.
(Initials)

Signature Of Applicant/Named Insured

Date

IMPORTANT NOTICE REGARDING THE UM COVERAGE FOR WHICH YOU HAVE APPLIED

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. IF THE POLICY FOR WHICH YOU ARE APPLYING IS A LIABILITY POLICY AND YOU HAVE NOT REJECTED UNINSURED MOTORIST COVERAGE, READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN THE ACKNOWLEDGMENT OF ARBITRATION AGREEMENT.

- 1. THE POLICY FOR WHICH YOU HAVE APPLIED INCLUDES A BINDING ARBITRATION AGREEMENT.**
- 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THE UM COVERAGE MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW.**
- 3. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON YOU AND THE INSURANCE COMPANY.**
- 4. IN AN ARBITRATION AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES.**
- 5. WHEN YOU ACCEPT THIS UM COVERAGE, YOU AGREE TO RESOLVE ANY DISAGREEMENT RELATED TO THE UM COVERAGE BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY.**
- 6. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.**

ACKNOWLEDGMENT OF ARBITRATION AGREEMENT

I HAVE READ THIS STATEMENT. I UNDERSTAND THAT I AM VOLUNTARILY SURRENDERING MY RIGHT TO HAVE ANY DISAGREEMENT BETWEEN THE INSURANCE COMPANY AND MYSELF REGARDING THE UM COVERAGE RESOLVED IN COURT. THIS MEANS I AM WAIVING MY RIGHT TO A TRIAL BY JURY.

I UNDERSTAND THAT UPON RECEIPT OF THE POLICY I SHOULD READ THE ARBITRATION CLAUSE CONTAINED IN THE UM SECTION OF THE POLICY AND THAT I HAVE THE RIGHT TO REJECT THIS POLICY WITHIN THREE (3) DAYS OF THE DATE OF DELIVERY IF I DO NOT WANT TO ACCEPT THE REQUIREMENT FOR ARBITRATION.

I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT POLICY RELATED DISAGREEMENTS BE RESOLVED BY BINDING ARBITRATION.

_____ X / _____
Applicant / Insured Date / Time

_____ / _____
Agent Date / Time