

- INSURANCE COMPANY
- INDEMNITY COMPANY

MUST be completed in conjunction with Form A-101 KS

1. Applicant Name

2. DBA, if any

UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION

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

You should read this document carefully and contact 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 damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Every automobile liability policy must include Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage as described below.

If your Bodily Injury Liability Coverage limits exceed the minimum limits required by Kansas Law of \$25,000 for each person/\$50,000 for each accident or a combined single limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Uninsured Motorists Coverage BUT you may not select Uninsured Motorists Coverage limits less than the minimum required limits.

I reject Uninsured Motorist Coverage at limits equal to my Bodily Injury Coverage Limits (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits:

(Initial)

LIMITS

<u>Initial</u>	<u>Limits (000)</u>	<u>Premium per Unit</u>
_____	25/50	\$4
_____	50/50	\$7
_____	100/100	\$12
_____	200/200	\$17
_____	250/250	\$19
_____	300/300	\$22
_____	400/400	\$23
_____	500/500	\$24
_____	600/600	\$26
_____	750/750	\$30
_____	1,000/1,000	\$35

Continued Next Page

(Applicant's Initials)

Applicant's Acknowledgement

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured/Underinsured Motorist Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured/Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

YOUR SELECTION OR REJECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.

Applicant /Named Insured: _____ Date: _____

By: _____

Title: _____

Signature of Agent of Insured: _____ Date: _____

Address: _____
