

INSURANCE COMPANY
 INDEMNITY COMPANY

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

RHODE ISLAND FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MEDICAL PAYMENTS COVERAGE SELECTION / REJECTION

Your policy will contain medical payments, unless rejected. **This election requires the payment of additional premium. Please indicate your rejection or selection of Medical Payments Coverage by initialing your choice and signing below.**

_____ I am rejecting all offers of Medical Payments Coverage.
(Initial)

_____ I am selecting Medical Payments Coverage in the amount of \$2,500 per person
(Initial) **I understand that there will be an additional premium for this coverage.**

_____ I am selecting Medical Payments Coverage in the amount of \$5,000 per person
(Initial) **I understand that there will be an additional premium for this coverage.**

IF YOU DO NOT MAKE ANY OF THE ABOVE SELECTIONS, YOUR MEDICAL PAYMENTS COVERAGE LIMIT WILL BE PROVIDED AT THE MINIMUM COVERAGE LIMITS OF \$2,500 PER PERSON.

Signature of Applicant

Date

OFFER OF RHODE ISLAND UNINSURED / UNDERINSURED MOTORISTS COVERAGE AND SELECTION OF LIMITS OR REJECTION OF COVERAGE FORM

Uninsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death when legally entitled to recover from owners of uninsured motor vehicles.

Underinsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death, where the limits of coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured are less than the limits for the insured's uninsured motorist coverage.

Your policy will contain uninsured motorist including underinsured motorist bodily injury and uninsured motorist property damage coverage equal to the liability limits of the policy unless you select lower limits. **These elections require the payment of additional premiums. Please make your selection of coverage by initialing the limit you desire and signing below:**

(PLEASE SEE THE FOLLOWING PAGES FOR UNINSURED / UNDERINSURED MOTORIST COVERAGE OFFER)

UNINSURED / UNDERINSURED MOTORIST – BODILY INJURY ONLY

I am rejecting all offers of Uninsured/Underinsured Motorist Coverage – Bodily Injury

(Initial) **This coverage may only be rejected if the policy Bodily Injury Liability Limits are 25/50. If coverage is rejected, Rhode Island requires the completion of the “Rejection Notice and Warning” in the box on the next page.**

I am selecting to purchase Uninsured/Underinsured Motorist Coverage – Bodily Injury equal to the policy’s Bodily Injury Liability Limits.

(Initial) **I understand that there will be an additional premium for this coverage.**

I am selecting to purchase Uninsured/Underinsured Motorist Coverage – Bodily Injury at limits lower than the policy’s Bodily Injury Liability Limits as shown in the limits selected below.

(Initial) **I understand that there will be an additional premium for this coverage.**

\$ _____ each person, \$ _____ each accident, **OR**

\$ _____ each accident, Combined Single Limit.

UNINSURED MOTORIST – BODILY INJURY AND PROPERTY DAMAGE

If your policy does not include collision coverage, then your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorist – Property Damage (UMPD) coverage at a limit equal to \$25,000 each accident, unless you reject UMPD coverage or select higher limits. If your policy includes collision coverage, then UMPD coverage is optional and no UMPD coverage will be afforded unless you elect UMPD Coverage limits.

I am rejecting all offers of Uninsured Motorist Coverage – Bodily Injury and Uninsured Motorist Coverage - Property Damage

(Initial)

I wish to select Uninsured Motorist Coverage – Bodily Injury Coverage equal to the policy’s Bodily Injury Liability Limit and Uninsured Motorists--Property Damage Coverage at the Financial Responsibility Limit of \$25,000.

(Initial) **I understand that there will be an additional premium for this coverage.**

I am selecting to purchase Uninsured Motorist Coverage- Bodily Injury and Uninsured Motorist Coverage – Property Damage in the limits indicated below:

(Initial) **I understand that there will be an additional premium for this coverage.**

Uninsured Motorist Bodily Injury \$ _____ each person,

\$ _____ each accident, and

Uninsured Motorist Property Damage \$ _____ each accident, **OR**

\$ _____ each accident, Combined Single Limit.

*Uninsured Property Damage Coverage is subject to a \$200 deductible.

CONTINUED ON NEXT PAGE

**PURSUANT TO § 27-7-2.1
UNINSURED/UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY
REJECTION NOTICE AND WARNING**

THE LAW REQUIRES YOU TO READ THIS NOTICE FOR YOUR INFORMATION

In order to make sure that you are aware of the risks of going without uninsured/underinsured motorist bodily injury coverage, the State of Rhode Island **requires** your insurance producer or insurance company to obtain your signature showing that you have read this document and understand this warning, **before** they are allowed to sell you motor vehicle insurance without uninsured/underinsured motorist bodily injury coverage. **IF YOU CHOOSE NOT TO BUY UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE YOU MIGHT HAVE NO MOTOR VEHICLE INSURANCE COVERAGE FOR YOUR OWN INJURIES IF YOU ARE HIT BY AN UNINSURED MOTORIST.** Many motorists will ignore mandatory auto insurance laws, and many motorists passing through from another state will not have insurance. Most uninsured/underinsured motorists do not have assets or money to pay you for your injuries, even if you win a lawsuit against them. Uninsured/underinsured motorist bodily injury (UMBI) coverage may be your only protection.

The Department of Business Regulation of the State of Rhode Island STRONGLY RECOMMENDS that most motorists obtain uninsured/underinsured motorists bodily injury coverage as part of their motor vehicle insurance package.

I have read and I understand this, and I choose not to buy uninsured/underinsured motorist coverage.

_____ Named Insured #1 (Print)	_____ Signature of Named Insured #1	_____ Date
_____ Named Insured #2 (Print)	_____ Signature of Named Insured #2	_____ Date
_____ Witness (Print)	_____ Signature of Witness	_____ Date
_____ Policy/Binder Number or Effective Date		

***UNINSURED/UNDERINSURED MOTORISTS COVERAGE MAY BE REJECTED ONLY IF MINIMUM LIABILITY LIMITS ARE REQUESTED (25/50)**

APPLICANT'S ACKNOWLEDGMENT

The undersigned hereby acknowledges they have read, or have had read to them, and understand the above explanations and offers of UM/UIM Bodily Injury Coverage and UM Property Damage Coverage. Selections have been made by initialing the appropriate lines on the preceding pages. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of UM/UIM Bodily Injury Coverage and UM Property Damage 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: _____
