

**MUST be completed in conjunction with the ALL STATES Form A-101  
only if Auto Liability Coverage is requested**

INSURANCE COMPANY

INDEMNITY COMPANY

1. Applicant Name

2. DBA, if any

### UNINSURED MOTORIST PROTECTION SELECTION / REJECTION

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.

The laws of **Wyoming** require that any automobile liability policy issued contain uninsured motorist protection of 25/50 limits unless you reject this coverage. **Please indicate your selection below:**

\_\_\_\_\_ I am rejecting Uninsured Motorist Coverage.  
(Initial)

\_\_\_\_\_ I am selecting Uninsured Motorist Coverage. I understand that additional premium is required as listed below.  
(Initial)

**Limit (000)**

**Premium (\$)**

25/50

85

### 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 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 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: \_\_\_\_\_  
\_\_\_\_\_