

GEORGIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Georgia 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 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 compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Coverage – Added On To At-Fault Liability Limits provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limits of liability under any applicable bonds or policies.

Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

Georgia law generally requires that your policy include Uninsured Motorists Coverage – Added On To At-Fault Liability Limits, unless you reject Uninsured Motorist Coverage entirely or unless you instead select, for a reduced premium, Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.

Unless rejected, your policy must include Uninsured Motorists Coverage at limits not less than: (a) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or (b) a single limit of \$75,000 for each accident. These limits will be referred to as the "minimum limits" for Uninsured Motorists Coverage.

Your options with respect to Uninsured Motorists Coverage include:

A. You may select Uninsured Motorists Coverage:

1. You may select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits; or
2. You may reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.

In addition, you may select Uninsured Motorists Coverage at limits equal to the liability coverage limits of your policy or, if the liability coverage limits of your policy exceed the above referenced "minimum limits" for Uninsured Motorists Coverage, you may select Uninsured Motorists Coverage at limits less than the liability coverage limits of your policy but not less than the above referenced "minimum limits" for Uninsured Motorists Coverage.

OR

B. You may reject Uninsured Motorists Coverage entirely.

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

A. Selection Of Uninsured Motorists Coverage

Please indicate your choice by initialing next to the appropriate item(s) in Sections 1. AND 2.:

1. Selection of either Uninsured Motorists Coverage – Added On To At-Fault Liability Limits or Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits

Please indicate your choice by initialing next to the appropriate item(s) in **a.** OR **b.** below:

<p>(Initials) a. I select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits.</p> <p>_____</p>	
<p>OR</p>	
<p>(Initials) b. I reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.</p> <p>_____</p>	
<p>_____</p>	
<p style="text-align: center;">Signature Of Applicant/Named Insured</p>	<p style="text-align: center;">Date</p>

2. Selection Of Uninsured Motorists Coverage Limits:

Please indicate your choice by initialing next to the appropriate item(s) in **a.** OR **b.** and signing below.

Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials)	a.	I select Uninsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits or Combined Single Limit).				

OR						
(Initials)	b.	I select Bodily Injury Uninsured Motorists Coverage And Property Damage Uninsured Motorists Coverage at the following limit(s):				

(Choose one Split Limits Bodily Injury option AND one Property Damage limit option OR one Combined Single Limit option from the following:)						
(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000	_____	\$ 25,000		_____	\$ 75,000
_____	50,000/100,000	_____	50,000		_____	100,000
_____	100,000/200,000	_____	100,000		_____	200,000
_____	100,000/300,000	_____	150,000		_____	250,000
_____	250,000/500,000	_____	200,000		_____	300,000
_____	300,000/300,000	_____	250,000		_____	350,000
_____	500,000/500,000	_____	300,000		_____	500,000
_____	500,000/1,000,000	_____	500,000		_____	1,000,000
_____	1,000,000/1,000,000	_____	750,000		_____	
_____		_____	1,000,000		_____	
_____	(Other)	_____	(Other)		_____	(Other)
_____				_____		
Signature Of Applicant/Named Insured				Date		

B. Rejection Of Uninsured Motorists Coverage

If you wish to reject Uninsured Motorists Coverage entirely, you may do so by initialing and signing below.

(Initials) _____	I reject Uninsured Motorists Coverage entirely.
_____	_____
Signature Of Applicant/Named Insured	Date

GEORGIA POLICYHOLDER NOTICE REGARDING UNINSURED MOTORISTS COVERAGE

Our records show that your policy contains Uninsured Motorists (UM) Coverage. Uninsured Motorists coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. 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 coverage you are provided.

Georgia law, in general, requires that automobile liability policies include Uninsured Motorists Coverage Added On To At-Fault Liability Limits (Added-On) unless you reject this coverage in writing. Uninsured Motorists Coverage Added-On provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limit of liability under any applicable bonds or policies.

However, for a reduced premium, you may reject Uninsured Motorists Coverage Added-On and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits (Reduced). Uninsured Motorists Coverage Reduced provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

The following examples are derived from the Georgia Office of Insurance and Safety Fire Commissioner Directive 08-P&C-1 dated August 18, 2008:

Example of Uninsured Motorists Coverage Added-On and Uninsured Motorists Coverage Reduced Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorists Coverage.

UNINSURED MOTORISTS COVERAGE ADDED-ON

*At-Fault Liability Coverage Limit \$50,000
Your Uninsured Motorists Coverage Added-On Limit \$100,000
Total Amount of Your Damages \$175,000*

Payment Break Out:

*At-Fault's Liability Coverage = \$50,000
Your Uninsured Motorists Coverage Added-On = \$100,000
Total Payment = \$150,000
Amount Not Covered = \$25,000 (a)*

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your Uninsured Motorists Coverage Added-On Limit).

(a) Please notice that \$25,000 of the loss was not covered.

**UNINSURED MOTORISTS COVERAGE REDUCED
(This coverage is comparable to your current coverage.)**

*At-Fault's Liability Coverage Limit \$50,000
Your Uninsured Motorists Reduced Limit \$100,000
Total Amount of Your Damages \$175,000*

Payment Break Out:

*At-Fault's Liability Coverage = \$50,000
Your Available Uninsured Motorists Coverage Reduced = \$50,000(a)
Total Payment = \$100,000
Amount Not Covered = \$75,000(b)*

(a) The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Uninsured Motorists Coverage Reduced Limit. The total available Uninsured Motorists Coverage Reduced you have in this example is \$50,000.

(b) Please notice that \$75,000 of the loss is not covered.

You should contact us or your agent at the address below if you have any questions regarding the options described above with respect to Uninsured Motorists Coverage. However, if you wish to change the coverage you currently have, you must request any such change in writing.

<p>Company:</p> <p>Address:</p> <p>Producer:</p> <p>Address:</p>
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GEORGIA UNINSURED MOTORISTS COVERAGE NOTICE ACKNOWLEDGMENT

Applicant/Named Insured:
Company:
Policy Number:
Policy Effective Date:

The Rules and Regulations of the State of Georgia require that we provide you with notice containing the following information:

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

Please sign below to confirm that we have provided you with notice containing the above information.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature Of Applicant/Named Insured	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date Signed
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