

IOWA UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE REJECTION

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

Iowa law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages.

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 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.

Underinsured 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 underinsured motor vehicle because of bodily injury caused by an auto accident.

Iowa Law requires that all automobile liability policies contain both Uninsured Motorists Coverage and Underinsured Motorists Coverages, unless you reject either or both coverages.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured or Underinsured Motorists Coverage and your options with respect to these coverages.

If you wish to reject either or both of these coverages, you may do so by initialing and signing below.

If more than one named insured is shown on the Declaration Page(s), each named insured must separately reject Uninsured Motorists Coverage and/or Underinsured Motorists Coverage by initialing next to the item and signing below.

A. Rejection Of Uninsured Motorists Coverage

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

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

(Initials)

_____ **I reject Uninsured Motorists Coverage.**

_____ **Applicant's/Named Insured's Signature**

_____ **Date**

B. Rejection Of Underinsured Motorists Coverage

(Initials)

_____ **I reject Underinsured Motorists Coverage.**

_____ **Applicant's/Named Insured's Signature**

_____ **Date**

(Initials)

_____ **I reject Underinsured Motorists Coverage.**

_____ **Applicant's/Named Insured's Signature**

_____ **Date**

(Initials)

_____ **I reject Underinsured Motorists Coverage.**

_____ **Applicant's/Named Insured's Signature**

_____ **Date**

POLICY NUMBER:

IL U 029 03 05

IOWA NOTICE REGARDING UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

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

The Iowa Insurance Division requires that we advise you of the following:

NOTICE REGARDING UNINSURED/UNDERINSURED COVERAGE

Uninsured/underinsured coverage does not cover damage done to your vehicle. It provides benefits only for bodily injury caused by an uninsured or underinsured motorist. If you wish to be insured for damage done to your vehicle, you must have collision coverage. Please check your policy to make sure you have the coverage desired.