

KENTUCKY UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Kentucky law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly 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 caused by a motor vehicle accident. Also included are damages due to the bodily injury that result from a motor vehicle accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$60,000 for each accident.

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

A. Selection Of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) 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) _____	I select the following higher limits of Bodily Injury Uninsured Motorists Coverage. (Choose one:)			
(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000		_____	\$ 60,000
_____	50,000/100,000		_____	75,000
_____	100,000/200,000		_____	100,000
_____	100,000/300,000		_____	200,000
_____	250,000/500,000		_____	250,000
_____	300,000/300,000		_____	300,000
_____	500,000/500,000		_____	350,000
_____	500,000/1,000,000		_____	500,000
_____	1,000,000/1,000,000		_____	1,000,000
_____	_____		_____	_____
	(Other)			(Other)
_____ Signature Of Applicant/Named Insured			_____ Date	

B. Rejection Of Uninsured Motorists Coverage

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

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



**COMMONWEALTH OF
KENTUCKY**
Department Of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517

**Kentucky
No-Fault Rejection Form**

The Federal Administrative Procedure Act, 5 section 552a(2)(B)(b) requires any state agency which requests an individual to disclose his social security account number to inform the individual if such disclosure is mandatory and the statutory authority for soliciting the number. KRS 304.39-060 requires the Department of Insurance to establish record keeping procedures of those who elect to reject no-fault. Rejections are effective until revoked, possibly for a lifetime. It is therefore necessary to have an identifier which is unique and permanent to each individual rejector. A social security account number is such an identifier. In today's society, names are the same or similar, and names change. Birthdate and place of birth data are being collected as an alternative identifier; however, it will not have the same reliability. Verification of no-fault rejector status provided by the department to persons making inquiry will not release social security account information.

ADVISORY

**CAUTION! BEFORE SIGNING THE ATTACHED KENTUCKY NO-FAULT REJECTION FORM,
READ THE FOLLOWING AS WELL AS THE REJECTION FORM CAREFULLY:**

1. Kentucky law requires anyone who uses, owns, or maintains a motor vehicle in this state to have insurance. The minimum required insurance is:
 - (a) Liability Coverage of Bodily Injury \$25,000 per person/ \$50,000 per accident, and Property Damage \$10,000 per accident, or \$60,000 combined Liability Coverage.
 - (b) Uninsured Motorists Coverage equal to the minimum Bodily Injury limits, unless you reject this in a separate writing; and
 - (c) Basic No-Fault Coverage (often called Personal Injury Protection [PIP] or Basic Reparations Benefits [BRB]) of \$10,000 per person.
2. Basic No-Fault Coverage provides prompt payment of medical expenses, lost wages up to \$200 per week, replacement services and survivor's benefits due to bodily injury arising out of a motor vehicle accident. These payments are made to covered injured persons who usually include occupants of the covered vehicle and pedestrians struck by the covered vehicle. Additional amounts of No-Fault coverage may be purchased as optional coverage.
3. If you have No-Fault coverage, your right to sue the at-fault party is limited unless your injury involves a broken bone, permanent disfigurement, medical expenses over \$1,000, permanent injury, or death. With these injuries that exceed the No-Fault thresholds, you retain your right to sue for pain and suffering and expenses not included by No-Fault coverage.
4. You may reject No-Fault Coverage and the limitations on your right to sue. If you reject:
 - (a) Your rejection will apply to you in any motor vehicle, whether owned by you or others. There is no exception for a rejection signed as a condition of employment. The only exception is that an owner or operator of a motorcycle may file a rejection that applies only to the motorcycle.
 - (b) Your rejection will be effective upon receipt by the Department of Insurance and it will remain effective until revoked in writing, except for rejections on behalf of minors. Upon reaching the age of majority, the rejection on behalf of the minor is no longer effective.
 - (c) You will not be entitled to receive No-Fault Benefits, unless you "buy-back" the Coverage. You also will still be required to purchase liability insurance. Your premium may be higher due to your rejection of No-Fault, as others will have the same right to sue you for injuries which do not reach the No-Fault thresholds, even if they did not reject.
 - (d) If every member of your household rejects, you must buy Guest No-Fault to provide Basic No-Fault Coverage to your passengers.
5. You will have to prove the other party was at fault before you can recover. Your recovery will be reduced by any degree of fault on your part.



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Kentucky
No-Fault Rejection Form

Acceptance of No-Fault Insurance denies each individual the right to sue a negligent motorist unless certain requirements are met. You and any member of your household can retain the right to sue by completing this form and mailing it to the Kentucky Department of Insurance. DO NOT COMPLETE THIS FORM if all members of the household want to accept benefit of the No-Fault Law in return for giving up some rights to sue.

Any member of the household who does not accept the No-Fault restrictions on their right to sue a negligent motorist, must complete this form and will be deemed to have read and understood the Advisory, page NF 1a. Each member of the household has a choice. The choice is designated by the following numbers which must be placed in the blank next to each name:

OPTIONS—Indicate option selection number in the blank next to your name.

1. I want to keep my right to sue or be sued so I reject my No-Fault benefits.
2. I accept my No-Fault benefits but other members of the household want to keep their right to sue or to be sued.
3. As to my ownership and operation of motorcycles, I want to keep my right to sue or be sued so I reject my No-Fault benefits.
4. I previously rejected my No-Fault benefits and I want to cancel that rejection.

HOUSEHOLD ADDRESS

 City _____ State _____ Zip _____

MEMBERS OF THE HOUSEHOLD

(use page NF 1c P&C (9-00) if necessary for additional family members)

Name (Type/Print): _____ Option #: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div> Birthdate: _____ City, County and State of Birth: _____ Soc. Sec. No.: _____ Signature: _____ Date: _____ <small>If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____</small>
Name (Type/Print): _____ Option #: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div> Birthdate: _____ City, County and State of Birth: _____ Soc. Sec. No.: _____ Signature: _____ Date: _____ <small>If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____</small>
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Name (Type/Print): _____ Option #: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div> Birthdate: _____ City, County and State of Birth: _____ Soc. Sec. No.: _____ Signature: _____ Date: _____ <small>If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____</small>

Check here if continued on additional page _____ Indicate total number of pages _____

NOTE: MAILING INSTRUCTIONS

1. Original and one copy to be mailed to Kentucky Department of Insurance
2. One copy to be mailed to your insurance company.
3. One copy to be mailed to your insurance agent.
4. One copy to be kept for your records.



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P.O. Box 517
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**Kentucky
No-Fault Rejection Form**

CONTINUATION OF MEMBERS OF THE HOUSEHOLD

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #:** _____
Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No.: _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Check here if continued on additional page _____ Indicate total number of pages _____