

MAINE UNINSURED MOTORISTS COVERAGE SELECTION

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

Maine law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available with respect to Uninsured Motorists Coverage.

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 an automobile accident. Also included are damages due to the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your motor vehicle insurance policy must include Uninsured Motorists Coverage at limits not less than the minimum limits required by Maine law of: (1) split limits of \$50,000 for each person, subject to \$100,000 for each accident with respect to bodily injury; or (2) a single limit of \$100,000 for each accident.

If the Bodily Injury Liability Coverage limits in your policy exceed: (1) split limits of \$50,000 for each person, subject to \$100,000 for each accident with respect to bodily injury; or (2) a single limit of \$100,000 for each accident, you may purchase Uninsured Motorists Coverage at limits equal to the limits of the Bodily Injury Liability Coverage in your policy or you may elect to purchase lower limits of Uninsured Motorists Coverage. However, you may not select Uninsured Motorists Coverage at limits less than the minimum limits required by Maine law.

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

A. Selection Of Uninsured Motorists Coverage At Limits Equal To Bodily Injury Liability Coverage Limits

By initialing and signing below, you are selecting Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage.

<p>(Initials)</p> <p>_____</p>	<p>I select Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage.</p>
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>	<p>_____</p> <p>Date</p>

B. Rejection Of Uninsured Motorists Coverage At Limits Equal To Bodily Injury Liability Coverage Limits And Selection Of Lower Limits

By initialing next to the appropriate items and signing below, you are rejecting Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage and you are selecting lower limits of Uninsured Motorists Coverage.

(Initials) I understand that Maine law requires uninsured motor vehicle coverage limits to equal the limits I have selected for liability coverage for bodily injury or death in this policy unless I expressly reject such an amount of coverage. Pursuant to the Maine Revised Statutes, Title 24-A, section 2902, subsection 2, I have elected to purchase uninsured motor vehicle coverage with lesser limits. (NOTE: This paragraph does not apply to motor vehicle insurance policies that are not subject to the Maine Automobile Insurance Cancellation Control Act.)

(Initials) I reject Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage and I select the following lower limit(s):
 (Choose one Split Limits Bodily Injury option OR one Combined Single Limit option from the following:)

(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
_____	\$ 50,000/100,000		_____	\$ 100,000
_____	100,000/200,000		_____	125,000
_____	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