

MINNESOTA SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE LIMITS

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

This document briefly describes Uninsured and Underinsured Motorists coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured and Underinsured 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 AND UNDERINSURED 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 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 automobile accident.

Uninsured and Underinsured Motorists Coverage will be afforded at limits equal to: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident; or (2) a single limit of \$50,000 for each accident, unless you select optional higher limits.

Please indicate your choices from both **A.** and **B.** as follows:

A. Selection Of Uninsured Motorists Coverage Limits

Please indicate your choice by initialing next to the appropriate items 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.

<p>(Initials)</p> <p style="text-align: center;">I select Uninsured Motorists Coverage at the following limit(s):</p> <p>_____</p> <p>(Choose one):</p>				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	30,000/60,000		_____	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)
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>			<p>_____</p> <p>Date</p>	

B. Selection Of Underinsured Motorists Coverage Limits

Please indicate your choice by initialing next to the appropriate items and signing below:

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

<p>(Initials)</p> <p style="text-align: center;">I select Underinsured Motorists Coverage at the following limit(s):</p> <p>_____</p> <p>(Choose one):</p>							
(Initials)		Split Limits	OR	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">(Initials)</td> <td style="width: 10%; padding: 5px;"></td> <td style="width: 75%; padding: 5px;">Combined Single Limit</td> </tr> </table>	(Initials)		Combined Single Limit
(Initials)		Combined Single Limit					
_____	\$	25,000/50,000		_____	\$	50,000	
_____		30,000/60,000		_____		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)	
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>				<p>_____</p> <p>Date</p>			