

NEVADA UNINSURED MOTORISTS COVERAGE AND MEDICAL PAYMENTS COVERAGE SELECTION/REJECTION

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

Nevada law permits you to make certain decisions regarding Uninsured Motorists Coverage and Medical Payments Coverage. This document describes these coverages 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 or Medical Payments Coverage and your options with respect to these coverages.

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.

A. Mandatory Offer Of 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, including damages due to bodily injury that result from an automobile accident with a:

- Hit-and-run vehicle whose operator or owner cannot be identified.
- Vehicle to which insurance protection applies at the time of the accident but the amount paid for bodily injury under such insurance protection to an insured is not enough to pay the full amount the insured is legally entitled to recover as damages.

Please indicate your choice by initialing next to the appropriate item below.

1. Selection Of Uninsured Motorists Coverage

(Initials) _____	I select Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Single Limit for Liability Coverage.
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2. Rejection Of Bodily Injury Uninsured Motorists Coverage

(Initials) _____	I reject Uninsured Motorists Coverage.
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3. Lower Limit(s) For Uninsured Motorists Coverage

(Initials)

I reject Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Single Limit for Liability Coverage and I select the following lower limits:

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Single Limit
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	50,000/100,000		_____	75,000
_____	100,000/300,000		_____	100,000
_____	250,000/500,000		_____	150,000
_____	500,000/500,000		_____	200,000
_____	500,000/1,000,000		_____	250,000
_____	1,000,000/1,000,000		_____	300,000
			_____	350,000
			_____	500,000
			_____	1,000,000
_____	_____ (Other)		_____	_____ (Other)

B. Mandatory Offer Of Medical Payments Coverage

Medical Payments Coverage provides insurance protection, without regard to legal liability, to an insured for reasonable medical expenses that result from an automobile accident.

Please indicate your choice(s) by initialing next to the appropriate item(s) below.

1. Selection Of Medical Payments Coverage

(Initials) _____	I select Medical Payments Coverage at the following limit:	
(Choose one):		
(Initials)	Medical Payments	
_____	\$ 1,000	
_____	2,000	
_____	3,000	
_____	5,000	
_____	7,500	
_____	10,000	
_____	25,000	
_____	50,000	
_____	75,000	
_____	100,000	
_____	_____	(Other)

2. Rejection Of Medical Payments Coverage

(Initials) _____	I reject Medical Payments Coverage.
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Signature Of Applicant/Named Insured

Date