

RHODE ISLAND BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION/PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE REJECTION

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

Rhode Island law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available with respect to the selection of Bodily Injury Uninsured Motorists Coverage limits and Property Damage Uninsured Motorists Coverage limits.

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.

Bodily Injury 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.

Property Damage 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 property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

If Bodily Injury Uninsured Motorists Coverage is purchased, coverage will be included in your policy at limits equal to your policy's liability limit(s) for bodily injury, unless a lower limit(s) is selected or you reject such coverage under a separate document.

Property Damage Uninsured Motorists Coverage will be included at the minimum limit of \$25,000 for any vehicle covered under your policy that is not insured for collision coverage, unless a higher limit is requested in writing or you reject such coverage in writing.

Select one option under **A.** for Bodily Injury Uninsured Motorists Coverage (unless you reject Bodily Injury Uninsured Motorists Coverage under a separate document) AND select one option under **B.** for rejection of Property Damage Uninsured Motorists Coverage.

A. Selection Of Bodily Injury Uninsured Motorists Coverage

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2.

(Initials) _____	1. I select Bodily Injury Uninsured Motorists Coverage at limits equal to my policy's liability limit(s) for bodily injury.	
OR		
(Initials) _____	2. I select Bodily Injury Uninsured Motorists Coverage at the following limit(s) that is <u>lower</u> than my policy's liability limit(s) for bodily injury:	
(Choose one):		
(Initials)	(Initials)	
Split Limits	OR	Single Limit
_____ \$ 25,000/50,000		_____ \$ 50,000
_____ 50,000/100,000		_____ 75,000
_____ 100,000/200,000		_____ 100,000
_____ 100,000/300,000		_____ 125,000
_____ 250,000/500,000		_____ 150,000
_____ 300,000/300,000		_____ 200,000
_____ 500,000/500,000		_____ 250,000
_____ 500,000/1,000,000		_____ 300,000
_____ 1,000,000/1,000,000		_____ 350,000
_____ _____ (Other)		_____ 400,000
		_____ 500,000

(Initials)	OR	(Initials)
Split Limits		Single Limit
		_____ \$ 600,000 _____ 750,000 _____ 1,000,000 _____ 1,500,000 _____ 2,000,000 _____ (Other)

B. Rejection Of Property Damage Uninsured Motorists Coverage

Please indicate your choice by initialing next to the appropriate item in 1. OR 2.

(Initials)	1.	I reject Property Damage Uninsured Motorists Coverage for all vehicles covered on my policy.
_____	OR	
(Initials)	2.	I reject Property Damage Uninsured Motorists Coverage for the following vehicle(s): (Specify Year/Make/Model)
_____		_____ _____ _____ _____
_____ Signature Of Applicant/Named Insured		_____ Date