

## NORTH CAROLINA SELECTION/REJECTION FORM UNINSURED MOTORISTS COVERAGE/ COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Named Insured:</b>	

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) coverage options are available to me.

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 or property damage 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.

Combined Uninsured/Underinsured Motorists Coverage provides the UM insurance protection as described above as well as 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.

I understand that:

1. The UM or UM/UIM limits applicable to any one vehicle covered under this policy may not be combined with or added to the UM or UM/UIM limits applicable to any other vehicle covered under the policy to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

(CHOOSE ONLY ONE OF THE FOLLOWING)

**(Initials)**

I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits of:

**Split Limits:**

Bodily Injury \$

Property Damage \$

**OR**

**Combined Single Limit: \$**

**(Initials)**

I choose Combined Uninsured/Underinsured Motorists Coverage at limits of:

**Split Limits:**

Bodily Injury \$

Property Damage \$

**OR**

**Combined Single Limit: \$**

**(Initials)**

I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages.

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**Named Insured's Signature**

\_\_\_\_\_  
**Date**