

UNINSURED AND UNDERINSURED COVERAGE SELECTION FORM - TENNESSEE

NAME:
ADDRESS:

PROTECTION AGAINST UNINSURED/UNDERINSURED MOTORISTS

Tennessee law permits you to make certain decisions regarding Uninsured and Underinsured Motorists Coverage. This document describes this coverage and the options available with respect to Uninsured and Underinsured Motorists Coverage. You should read this document carefully.

Bodily Injury Uninsured and 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 uninsured or underinsured 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 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 injury to or destruction of a covered auto 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. Property Damage Uninsured Motorists Coverage is subject to a \$200 deductible.

In accordance with Tennessee Statutes, your automobile or motor vehicle liability policy may have Uninsured Motorists coverage, which provides protection against uninsured and underinsured motor vehicles equal to the Bodily Injury and Property Damage Liability limits of your policy. You may, however, elect lower limits of Uninsured Motorists coverage, but not less than the Minimum Financial Responsibility Limits. You also have the option to reject Bodily Injury Uninsured and Underinsured Motorist coverage and Property Damage Uninsured Motorist coverage entirely.

Please indicate your Bodily Injury and Property Damage Uninsured and Underinsured Motorists coverage selection:

- I select Uninsured and Underinsured Motorists with bodily injury and property damage limits equal to my policy's liability limit.
- I select Uninsured and Underinsured Motorists with bodily injury limits only and reject property damage equal to my policy's liability limit.

I select Uninsured and Underinsured Motorists with split limits less than my policy's liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage. Indicate your choice below:

- I want the minimum split limits of \$25,000 each person, \$50,000 each accident, bodily injury, and \$15,000 each accident, property damage.
- I want the minimum split limits of \$25,000 each person, \$50,000 each accident, bodily injury only.
- I want split limits of \$ _____ each person, \$ _____ each accident, bodily injury, and \$ _____ each accident, property damage;

I select Uninsured and Underinsured Motorists with Combined Single Limits (CSL) less than my policy's liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage. Indicate your choice below:

- | | |
|---|--|
| <input type="checkbox"/> <u>Bodily Injury and Property Damage</u>
\$60,000 CSL (minimum limit) | <input type="checkbox"/> <u>Bodily Injury Only</u>
\$60,000 CSL (minimum limit) |
| <input type="checkbox"/> \$ _____ CSL | <input type="checkbox"/> Other \$ _____ CSL |

- I reject Bodily Injury and Property Damage Uninsured and Underinsured Motorists Coverage in its entirety.

I understand that the coverage selection or rejection indicated above shall apply on the policy(s) in effect at the time this form is executed and all future renewal policies until I notify the insurance company IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	DATE
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