

WISCONSIN SELECTION OF HIGHER UNINSURED AND UNDERINSURED MOTORISTS COVERAGE LIMITS

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

Wisconsin law permits you to make certain decisions regarding Uninsured Motorists and Underinsured Motorists Coverages. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists and Underinsured Motorists Coverages 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.

Uninsured And Underinsured Motorists Coverages

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.

Your policy must include Uninsured Motorists and Underinsured Motorists Coverages at limits not less than: (1) split limits of \$100,000 for each person/\$300,000 for each accident, or (2) a single limit of \$300,000 for each accident, UNLESS you select optional higher limits.

Please indicate your choice for **A.** and **B.** below.

A. Selection Of Higher Limits For Uninsured Motorists Coverage

We make available the following limits for Uninsured Motorists Coverage that are higher than the limits described above. Please indicate your choice by initialing next to the appropriate item and by signing below.

<p>(Initials) _____ I select the following higher limits for Uninsured Motorists Coverage:</p> <p>(Choose one):</p>					
(Initials)		Split Limits	OR	(Initials)	Combined Single Limit
_____	\$	250,000/500,000		_____	\$ 350,000
_____		300,000/300,000		_____	500,000
_____		500,000/500,000		_____	1,000,000
_____		500,000/1,000,000			
_____		1,000,000/1,000,000			
_____		_____ (Other)		_____	_____ (Other)
<p>_____</p> <p>Applicant's Signature</p>				<p>_____</p> <p>Date</p>	

B. Selection Of Higher Limits For Underinsured Motorists Coverage

We make available the following limits for Underinsured Motorists Coverage that are higher than the limits described above. Please indicate your choice by initialing next to the appropriate item and by signing below.

<p>(Initials) _____ I select the following higher limits for Underinsured Motorists Coverage:</p>					
<p>(Choose one):</p>					
(Initials)		Split Limits	OR	(Initials)	Combined Single Limit
_____	\$	250,000/500,000		_____	\$ 350,000
_____		300,000/300,000		_____	500,000
_____		500,000/500,000		_____	1,000,000
_____		500,000/1,000,000		_____	
_____		1,000,000/1,000,000		_____	
_____		_____		_____	_____
		(Other)			(Other)
_____			_____		
Applicant's Signature			Date		