## MINNESOTA SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE LIMITS

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

This document briefly describes Uninsured and Underinsured Motorists coverage and the options available.

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

## UNINSURED AND UNDERINSURED 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. 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.

Uninsured and Underinsured Motorists Coverage will be afforded at limits equal to: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident; or (2) a single limit of \$50,000 for each accident, unless you select optional higher limits.

Please indicate your choices from both **A.** and **B.** as follows:

## A. Selection Of Uninsured Motorists Coverage Limits

Please indicate your choice by initialing next to the appropriate items and signing below:

Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

Initials)	I select Uninsured Motorists	Coverage a	t the following lin	nit(s):	
Choose one):					
Initials)	Split Limits	OR	(Initials)		Combined Single Limit
\$	25,000/50,000			\$	50,000
	30,000/60,000				60,000
	50,000/100,000				75,000
	100,000/200,000				100,000
	100,000/300,000				200,000
	250,000/500,000				250,000
	300,000/300,000				300,000
	500,000/500,000				350,000
	500,000/1,000,000				500,000
	1,000,000/1,000,000				1,000,000
	(Other)				(Other)
	Signature Of Applicant/Name	dlasurad			Date

## **B. Selection Of Underinsured Motorists Coverage Limits**

Please indicate your choice by initialing next to the appropriate items and signing below:

Please note that we only offer Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

Initials)	1:	select Underinsured Motori	sts Coveraç	e at the following	ı limit(s):	
Choose or	ne):					Combined
(Initials)		Split Limits	OR	(Initials)		Single Limit
	\$	25,000/50,000			\$	50,000
		30,000/60,000				60,000
		50,000/100,000				75,000
		100,000/200,000				100,000
		100,000/300,000				200,000
		250,000/500,000				250,000
		300,000/300,000				300,000
		500,000/500,000				350,000
		500,000/1,000,000				500,000
		1,000,000/1,000,000				1,000,000
		(Other)				(Other)
Signature Of Applicant/Named Insured					Date	