

WYOMING UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Wyoming law permits you to make certain decisions regarding Uninsured Motorists Coverage. 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 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 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.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$25,000 for each person subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000 for each accident, but you may select optional higher limits.

Please indicate your choice from either **A.** or **B.** as follows:

A. Selection Of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) 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:

_____ I select Uninsured Motorists Coverage at the following limits: (Initials)				
(Choose One)				
	Split Limits Bodily Injury	OR	Combined Single Limit	
(Initials)			(Initials)	
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	50,000/100,000		_____	100,000
_____	100,000/200,000		_____	200,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	300,000/300,000		_____	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

OR

B. Rejection Of Uninsured Motorists Coverage

If you wish to reject Uninsured Motorists Coverage, you may do so by initialing and signing below:

<p>_____ I reject Uninsured Motorists Coverage. (Initials)</p>
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Signature Of Applicant/Named Insured

Date