

## **INFORMED CONSENT FORM – CONNECTICUT NOTICE TO INSUREDS**

You must complete this form and sign it. Your agent may assist you.

### **UNINSURED MOTORIST COVERAGE**

#### **Types of Coverage**

Connecticut state law requires that you to buy uninsured motorist (UM/UIM) coverage. Generally, this coverage applies only to accidents for which the person at fault is not covered under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by insurance carrier providing coverage to the driver causing the accident. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you purchase will determine the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorist (UIM) coverage. It protects you should be involved in an accident caused by someone, other than you, whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. Please note that the protection available under standard UIM coverage is usually reduced by amounts paid by worker's compensation, or by, or on behalf of the person at fault.

Under our new law, you can convert standard UIM coverage to UNDERINSURED MOTORIST CONVERSION (UIMC) coverage. This coverage is not reduced by payments from any source. If your damages exceed the amount of insurance coverage held by the person deemed responsible for causing the accident, or other payments, your UIMC coverage will be available for damages left otherwise unpaid.

Both standard (UIM) and conversion (UIMC) coverage only become available after the liability insurance held by the person deemed responsible for causing the accident (if not you) has been fully paid.

#### **Stacking**

To make a wise decision as to the amount of UM/UIM coverage to buy, you need to understand "stacking." Stacking is not allowed under your policy. This means you cannot combine, or add together UM/UIM coverage from different vehicles, or different policies.

The limit of liability you buy for UM/UIM Coverage for one vehicle is the maximum amount we will pay for any, individual accident regardless of the number of claims made for that accident, the number of insureds who are injured, the number of covered vehicles listed on the policy, the number of premiums paid or policies purchased which include UM/UIM Coverage.

INSURED'S NAME: \_\_\_\_\_  
BODILY INJURY LIABILITY LIMIT: \$ \_\_\_\_\_

**A. UNINSURED MOTORIST (UM/UIM) COVERAGE**

Please check a box below, and your policy will be issued with those limits of UM/ UIM coverage. If you check more than one box, your policy will be issued with the highest level of coverage selected.

**SELECT ONE** OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UIMC COVERAGE. DO NOT CHECK MORE THAN ONE BOX BELOW. The UM/UIM premium shown is the total premium for all vehicles listed on the policy.

**UM /UIM COVERAGE**

**SPLIT LIMITS**

	<b><u>PREMIUM</u></b>	<b><u>PREMIUM</u></b>
<b>*<input type="checkbox"/> Double BI Limits</b>	<b><input type="checkbox"/> Without UM/UIM Conversion</b>	<b><input checked="" type="checkbox"/> With UM/UIM Conversion</b>
<input type="checkbox"/> 500,000/1,000,000	\$	\$
<input type="checkbox"/> 250, 000/500,000	\$	\$
<input type="checkbox"/> 200,000/600,000	\$	\$
<input type="checkbox"/> 100,000/300,000	\$	\$
<input type="checkbox"/> 100,000/200,000	\$	\$
<input type="checkbox"/> 50,000/100,000	\$	\$
<input type="checkbox"/> 40,000/80,000	\$	\$
<input type="checkbox"/> 25,000/50,000	\$	\$
<input type="checkbox"/> 20,000/40,000	\$	\$

**UM /UIM COVERAGE**

**SINGLE LIMIT**

	<b><u>PREMIUM</u></b>	<b><u>PREMIUM</u></b>
<b>*<input type="checkbox"/> Double BI Limits</b>	<b><input type="checkbox"/> Without UM/UIM Conversion</b>	<b><input type="checkbox"/> With UM/UIM Conversion</b>
<input type="checkbox"/> 1,000,000	\$	\$
<input type="checkbox"/> 600,000	\$	\$
<input type="checkbox"/> 500,000	\$	\$
<input type="checkbox"/> 300,000	\$	\$
<input type="checkbox"/> 200,000	\$	\$
<input type="checkbox"/> 100,000	\$	\$

**WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INDEPENDENT INSURANCE AGENT.**

\_\_\_\_\_  
SIGNATURE OF ANY NAMED INSURED

\_\_\_\_\_  
DATE

**I understand that the coverage selection and limit choices which I have selected will apply to all future policy renewals, continuations, and changes unless I or another named insured notify you otherwise in writing.**

\_\_\_\_\_  
SIGNATURE OF ANY NAMED INSURED

\_\_\_\_\_  
DATE

**OPTIONAL MEDICAL PAYMENTS COVERAGE**

You may choose to buy Medical Payments Coverage to help cover your medical bills from auto accidents. Medical Payments Coverage pays for reasonable expenses incurred for necessary medical and funeral services that are caused by or as a result of a bodily injury accident. This coverage can be written at a limit of either \$1,000.00, \$5,000.00, or \$10,000.00.

**MED PAY COVERAGE**

☐ \$1,000 per person

☐ \$10,000 per person

**MED PAY PREMIUM**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**MED PAY COVERAGE**

☐ \$5,000 per person

**MED PAY PREMIUM**

\$ \_\_\_\_\_

**SELECT ONE**

☐ I WISH TO BUY OPTIONAL MED PAY COVERAGE AT THE PREMIUM SHOWN ABOVE.

**CHECK ONE**

☐ \$1,000 Med Pay

☐ \$5,000 Med Pay

☐ \$10,000 Med Pay

The Med Pay Premium is shown is the total premium for all vehicles listed on the policy.

☐ I DO NOT WISH TO BUY MEDICAL PAYMENTS COVERAGE DESCRIBED ABOVE.

\_\_\_\_\_  
SIGNATURE OF ANY NAMED INSURED

\_\_\_\_\_  
DATE

*NOTICE: Each page requires a signature.*