



## CONNECTICUT AUTO SUPPLEMENT

AGENCY		APPLICANT/NAMED INSURED	
CODE:		COMPANY:	EFFECTIVE DATE
SUB CODE:		POLICY #:	

### INFORMED CONSENT FORM UNINSURED MOTORIST COVERAGE

#### Types of Coverage

Our law requires you to buy Uninsured Motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured 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 the other person's insurance company. 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 buy will govern the maximum amount of UM/UIM coverage you can buy. In any case, UM/UIM coverage is limited to the limits for this coverage shown in the application, for all damages for bodily injury resulting from one accident.

This coverage also includes standard Underinsured Motorist (UIM) coverage. It protects you where injuries are caused by someone 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. However, 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 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 the at fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at fault person has been fully paid.

#### Stacking

Connecticut law does not provide for stacking of UM/UIM coverage. Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage you received (and you paid for) \$200,000 of protection. Under current law, the amount purchased (\$100,000) is not multiplied by the number of cars insured.

Also, your UM/UIM coverage is limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own you are limited to the amount of coverage for that car.

## ELECTION OF COVERAGE

BODILY INJURY LIABILITY LIMIT: \$ \_\_\_\_\_

### UNINSURED MOTORIST (UM/UIM) COVERAGE

If you do not check a box below, your policy will be issued with standard UIM coverage (not Conversion UIMC coverage) with limits equal to your Bodily Injury Liability (BI) coverage limits.

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.**

#### UM WITH STANDARD UIM COVERAGE

	Limit	Total Coverage Premium
<input type="checkbox"/> Double BI Limit		\$ _____
<input type="checkbox"/> BI Limit		\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Minimum Limit		\$ _____

NOTE: An asterisk (\*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability limit.

#### UM CONVERSION UIMC COVERAGE

Do not check a Box below if you have checked a Box for one of the standard UIM coverages above.

	Limit	Total Coverage Premium
<input type="checkbox"/> Double BI Limit		\$ _____
<input type="checkbox"/> BI Limit		\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Option	\$ _____	\$ _____
* <input type="checkbox"/> Minimum Limit		\$ _____

NOTE: An asterisk (\*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability limit.

**IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY AN ASTERISK (\*), 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 INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.**

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Any Named Insured \_\_\_\_\_ Date \_\_\_\_\_