State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Acknowledgment of Coverage Selection or Rejection

Uninsured Motor Vehicle Coverage — Nevada

Uninsured Motor Vehicle Coverage protects the named insured, the named insured's resident relatives and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of an unidentified, uninsured or underinsured motor vehicle is legally liable. An underinsured motor vehicle includes those vehicles which are insured, but the bodily injury limits of liability are (a) less than required by the Nevada Motor Vehicle Safety Responsibility Act, or (b) less than the amount needed to compensate the insured for their damages. An uninsured motor vehicle includes those vehicles where the insuring company denies coverage or becomes insolvent. An unidentified motor vehicle is a vehicle whose owner or driver remains unknown and which strikes the insured or the vehicle the insured is occupying.

Uninsured Motor Vehicle Coverage can be purchased for an additional premium.

I acknowledge and agree that, in accordance with the laws of the State of Nevada, Uninsured Motor Vehicle Coverage has been explained to me and I have been given the opportunity to purchase Uninsured Motor Vehicle Coverage in an amount EQUAL to my Liability Coverage limits for bodily injury, and instead:

○ I select lower limits of $ _____ / $ _____ .
Each Person   Each Accident

○ I reject Uninsured Motor Vehicle Coverage entirely.

I understand and agree that, unless a named insured requests such coverage in writing, this acknowledgment of coverage selection or rejection shall be:

(1) binding on all persons insured under the policy; and

(2) applicable to the policy of insurance on the vehicle described below, and to any replacement, reinstatement, substitute, or amended policy.

_____

Year of vehicle   Make and model of vehicle

_____

Vehicle Identification Number   Application/Policy number   Agent code

_____

Named Insured(s)/Applicant(s) (as appearing on the application or policy)

_____   _____   **SIGNATURE**

Signature of Any Named Insured/Applicant   Date (MM/DD/YYY)
(If a business, a company representative should print and sign here)