



# Utah Bodily Injury Uninsured Motorists Coverage Selection / Rejection

*This endorsement changes the policy. Please read it carefully.*

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Utah law permits you to make certain decisions regarding Uninsured Motorists Coverage (UM). This document describes this coverage and the options available with respect to Bodily Injury Uninsured Motorists Coverage.

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 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. This includes damages due to the bodily injury resulting from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified or from an automobile accident caused by the fault of another party where the other party has no liability insurance.

Utah law generally defines an uninsured motor vehicle to include, in part, a motor vehicle, the operation, maintenance or use of which is not covered under a liability policy at the time of an injury-causing occurrence, or a motor vehicle covered with liability limits lower than required by the financial responsibility law of Utah.

In comparison, Utah law generally defines an underinsured motor vehicle to include, in part, a motor vehicle, the operation, maintenance or use of which is covered under a liability policy at the time of an injury-causing occurrence, but which has insufficient liability coverage to compensate fully the injured party for all special and general damages.

Utah law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the lesser of the limits of the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy or the maximum Uninsured Motorists Coverage Limits that we have available for your type of policy, unless you reject or select lower limits for Uninsured Motorists Coverage.

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Please indicate your choice by initialing next to the appropriate item(s) in either **A.**, **B.** or **C.** below:

**A. Selection Of Bodily Injury Uninsured Motorists Coverage Limits Required To Be Offered**

<p><b>(Initials)</b> I select Bodily Injury Uninsured Motorists Coverage equal to the lesser of the following:</p> <p>_____</p> <p><b>1. Uninsured Motorists Coverage Limits equal to my policy's Bodily Injury Liability Split Limits or Combined Single Limit;</b></p> <p><b>or</b></p> <p><b>2. The maximum Uninsured Motorists Coverage Limits available for my type of policy which is:</b></p> <p><b><u>1,000,000/1,000,000</u>(Split Limits);</b></p> <p><b>or</b></p> <p><b><u>1,000,000</u> (Combined Single Limit).</b></p>
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## B. Rejection And Waiver Of Higher Limits For Bodily Injury Uninsured Motorists Coverage And Selection Of Lower Limits

**(Initials)** I reject and waive the higher Uninsured Motorists Coverage  
\_\_\_\_\_ and select the following lower limits:

**(Choose one):**

<b>(Initials)</b>	<b>Split Limits</b>	<b>OR</b>	<b>(Initials)</b>	<b>Combined Single Limit</b>
_____ \$			_____ \$	
_____	25,000/65,000		_____	80,000
_____	250,000/500,000		_____	300,000
_____	500,000/500,000		_____	500,000
_____	500,000/1,000,000		_____	1,000,000
_____	1,000,000/1,000,000			

**Premium for the lower Uninsured Motorists  
Coverage Limits selected above:**

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

**Additional premiums to purchase Uninsured  
Motorists Coverage Limits with limits equal to the  
lesser of the limits of the Bodily Injury Liability  
Coverage (split limits) or Combined Single  
Limit for Liability Coverage in your policy or the  
maximum Uninsured Motorists Coverage Limits  
that we have available for your type of policy:**

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

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**(Initials)**

**I reject Bodily Injury Uninsured Motorists Coverage.**

**Signature Of Applicant/Named Insured**

Date \_\_\_\_\_