

NORTH CAROLINA AUTO SUPPLEMENT

PRODUCER			APPLICANT/NAMED INSURED	
			COMPANY:	EFFECTIVE DATE
COL	DE:	SUB CODE:	POLICY #:	

SELECTION/REJECTION FORM UNINSURED MOTORISTS COVERAGE COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) coverage options are available to me. I understand that:

- 1. The UM and UM/UIM limits shown for vehicles on this policy may not be added together to determine the total amount of coverage provided.
- 2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
- 3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
- 4. My selection or rejection of coverage below will apply to any:
 - a. renewal,
- c. substitute,
- e. altered,
- g. transfer or

- b. reinstatement,
- d. amended,
- f. modified,
- h. replacement

policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.

5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

(CHOOSE ONLY ONE OF THE FOLLOWING)

(initials)	_ I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured) Motorists Coverage at limits of:			
	Bodily Injury (BI)	Property Damage (PD)		
(initials)	I choose Combined Uninsured/Underinsured Motorists Coverage at limits of:			
(initials)	Bodily Injury (BI)	Property Damage (PD)		
I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages (initials)				
A Named Insured		Policy/Application Number		
Signatur	те	Agent		
Date				