PLEASE SIGN AND RETURN TO US IF YOU WISH TO REJECT COVERAGE OR PURCHASE LOWER LIMITS

Name (please print) __________________________ Policy Number __________________________

CALIFORNIA
UNINSURED MOTORISTS COVERAGE ELECTION/REJECTION FORM

This form is used to select your Uninsured Motorists Coverage limits. Please read it carefully. If you are a current customer and you are making a change to your policy, the completed form should be returned to us. If you have any questions, please call your representative, Independent Agent or our Customer Service Department.

Selection Of Uninsured Motorists Bodily Injury Coverage

The California Insurance Code requires an insurer to provide Uninsured Motorists Coverage in each Bodily Injury Liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured Motorists Coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Please indicate your selection by checking the options for the limits of coverage you desire. In no case can the limits you select for Uninsured Motorists Coverage be greater than your current Bodily Injury Liability limits. Underinsured Motorists Coverage shall be offered with limits equal to the limits of liability for your Uninsured Motorists limits in the underlying policy.

I select the Uninsured/Underinsured Motorists Coverage limits indicated below:

Uninsured/Underinsured Motorists Coverage Limit
(cannot exceed your Bodily Injury Liability limit)

☐ $15,000 per person/$30,000 per accident
☐ $25,000 per person/$50,000 per accident
☐ $30,000 per person/$60,000 per accident
☐ $50,000 per person/$100,000 per accident
☐ $100,000 per person/$100,000 per accident
☐ $100,000 per person/$300,000 per accident
☐ $300,000 per person/$300,000 per accident
☐ $250,000 per person/$500,000 per accident
☐ $500,000 per person/$500,000 per accident
Rejection Of Uninsured Motorists Bodily Injury Coverage

The California Insurance Code requires an insurer to provide Uninsured Motorists Coverage in each Bodily Injury Liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorists Coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

☐ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety.

☐ I hereby select Uninsured/Underinsured Motorists Coverage in its limits indicated above and reject Uninsured/Underinsured Motorists Coverage only when my vehicles are operated by:

(Excluded Operator's Name Only) (Excluded Operator's Name Only)

Note: This is only for excluded operators, do not sign above if you are an insured or co-insured.

POLICYHOLDER SIGNATURE DATE

If you have any questions concerning these coverages or completion of this form, please see "How To Reach Us" in the front of your policy package for your choice of contact options.

This completed form should be mailed to: