

UTAH AUTOMOBILE INSURANCE PLAN

BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION FORM

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

You should read this document carefully and contact us or your producer 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 auto accident. This includes damages due to the bodily injury resulting from an auto accident with a hit-and-run vehicle whose owner or operator cannot be identified or from an auto 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 describes 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.

SELECTION OF UNINSURED MOTORISTS COVERAGE

You have a legal right to elect Uninsured Motorists Bodily Injury coverage with the proposed liability policy. **THIS COVERAGE PROTECTS YOU, YOUR FAMILY, AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES**

The Bodily Injury Liability Limits you have chosen are _____ / _____ split limits or _____ single limit

The Uninsured Motorists Bodily Injury Liability limit available is _____ / _____

UNINSURED MOTORISTS BODILY INJURY

(Choose one)

☐ **I ACCEPT** (Please initial) _____ Uninsured Motorists Bodily Injury Liability coverage at the same limits as the Injury Liability limit for my policy.

☐ **I ACCEPT** (Please initial) _____ Uninsured Motorists Bodily Injury Liability coverage at limits lower than the Bodily Injury Liability limit for my policy.

I understand and agree that selection of the above option applies to my liability insurance policy and future renewals or replacements of such policy. If I decide to select another option at some future time, I must let the company or my producer know in writing.

Applicant's Signature: _____

Date: _____ Hour: _____ ☐ A.M. ☐ P.M.