

TEXAS UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Texas law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

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

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 or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of **\$25,000** for each person, subject to **\$50,000** for each accident with respect to bodily injury, and **\$25,000** with respect to property damage; or (2) a combined single limit of \$55,000 for each accident, but you may select optional higher limits.

Please indicate your choice from either **A.** or **B.** as follows:

A. Selection Of Uninsured Motorists Coverage Limits

If you wish to select Uninsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below.

_____ (Initials)	I select Uninsured Motorists Coverage at the following limit(s): (Choose one Split Limits Bodily Injury option AND one Property Damage limit option):		
	Split Limits Bodily Injury	(Initials)	Property Damage
_____ \$	20,000/40,000	_____ \$	15,000
_____	25,000/50,000	_____	25,000
_____	50,000/100,000	_____	50,000
_____	100,000/300,000	_____	100,000
_____	300,000/300,000	_____	300,000
_____	250,000/500,000	_____	_____
_____ Signature Of Applicant/Named Insured		_____ Date	

B. Rejection Of Uninsured Motorists Coverage

If you wish to reject Uninsured Motorists Coverage, you may do so by initialing and signing below.

_____ (Initials)	I reject both Uninsured Motorists UM / UIM Coverage and Uninsured Motorist Property Damage Coverage for this policy and all subsequent renewals.
_____ (Initials)	I reject only Uninsured Motorist Property Damage Coverage for this policy and all subsequent renewals.
_____ Signature Of Applicant/Named Insured	
_____ Date	