

WASHINGTON SELECTION OF UNDERINSURED MOTORIST COVERAGE

This selection form provides a brief explanation of your options as to Underinsured Motorist Coverage in Washington. Underinsured Motorist Coverage is subject to certain terms, exclusions, limitations and conditions which are not fully described herein. This form is for informational purposes only and does not become a part or condition of the policy.

If you have any questions regarding these coverages or wish to change your policy, please contact your agent. Your agent must notify us of any changes in order for such changes to be effective.

UNDERINSURED MOTORIST COVERAGE (UIM) provides protection for persons insured under the policy, who are legally entitled to recover damages from the owner or operator of a vehicle which was uninsured or was insured but whose policy provides limits of liability less than the applicable damages that the insured person is legally entitled to collect. Coverage is also provided for damages that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured Motorist Property Damage Coverage (UIM PD) is subject to a \$300 per occurrence deductible, when the damage is caused by a hit-and-run or phantom vehicle and is subject to a \$100 per occurrence deductible in all other instances.

Washington Statutes require that Underinsured Motorist Coverage be included on every auto policy with limits equal to the policy liability limits (which are _____) unless you select lower limits or reject UIM coverage entirely. You may reject Underinsured Motorist Property Damage Coverage but retain Underinsured Motorist Bodily Injury Coverage.

You have indicated that you want Underinsured Motorist Coverage at limits less than your liability limits or that you wish to reject Underinsured Motorist Coverage entirely. The option you chose is shown below. This option determined your policy premium. You may change this option by contacting your agent, although changing this option may result in changes to your premium. Please confirm your selection below, or contact your agent if you wish to make changes.

If you do not return this signed form, your policy will be modified to provide Underinsured Motorist Coverage with limits equal to the policy's liability limits; this may result in an increase in premium owed.

REJECTION OF UNDERINSURED MOTORIST COVERAGE

The undersigned (representing all insureds under the policy) hereby rejects Bodily Injury and Property Damage Underinsured Motorist Coverage and waives any protection afforded by the Washington Statutes in that respect.

REJECTION OF PROPERTY DAMAGE UNDERINSURED MOTORIST COVERAGE

The undersigned (representing all insureds under the policy) hereby rejects Property Damage Underinsured Motorist Coverage, but elects to purchase Bodily Injury Underinsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits of the policy.

SELECTION OF UNDERINSURED MOTORIST COVERAGE LESS THAN LIABILITY

WAIVE UIM PROPERTY DAMAGE: The undersigned (representing all insureds under the policy) elects to purchase Underinsured Motorist Bodily Injury Coverage at the limits listed below. The undersigned rejects Underinsured Motorist Property Damage Coverage.

Split Limits (Bodily Injury only):

\$ _____ Bodily Injury per person

\$ _____ Bodily Injury per accident

Combined Single Limit (Bodily Injury only):

\$ _____ Bodily Injury per accident

SELECTION OF UNDERINSURED MOTORIST COVERAGE LESS THAN LIABILITY

RETAIN UIM PROPERTY DAMAGE: The undersigned (representing all insureds under the policy) elects to purchase Underinsured Motorist Coverage for Bodily Injury and Property Damage at the limits listed below.

Split Limits (Bodily Injury & Property Damage):

\$ _____ Bodily Injury per person

\$ _____ Bodily Injury per accident

\$ _____ Property Damage per accident

Combined Single Limit (Bodily Injury & Property Damage):

\$ _____ per accident

I UNDERSTAND AND AGREE THAT UNTIL I ADVISE THE COMPANY OTHERWISE IN WRITING, MY SELECTION WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON MY POLICY OR ADDITION OF ANY SCHEDULED AUTOS AND WILL BE CARRIED FORWARD ON ALL FUTURE RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.



Signature of Named Insured or Representative



Date