

UNDERINSURED AND PERSONAL INJURY PROTECTION COVERAGE SELECTION FORM - WASHINGTON

NAME:
ADDRESS:

PROTECTION AGAINST UNDERINSURED MOTORISTS

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This document describes this coverage and the options available with respect to Underinsured Motorists Coverage. You should read this document carefully.

Bodily Injury Underinsured 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 underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a vehicle whose owner or operator cannot be identified.

Property Damage Underinsured 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 injury to or destruction of a covered auto caused by an automobile accident. Property damage coverage is subject to a \$300 deductible for accidents caused by a hit-and-run vehicle or a phantom vehicle and a \$100 deductible for all other accidents.

In accordance with Washington Statutes, your automobile or motor vehicle liability policy may have Underinsured Motorists coverage, which provides protection against underinsured motor vehicles equal to the Bodily Injury and Property Damage Liability limits of your policy. You may, however, elect lower limits of Underinsured Motorists coverage, but not less than the Minimum Financial Responsibility Limits. You also have the option to reject Bodily Injury Underinsured Motorist coverage and Property Damage Underinsured Motorist coverage entirely.

Please indicate your Bodily Injury and Property Damage Underinsured Motorists coverage selection:

- I select Underinsured Motorists with bodily injury and property damage limits equal to my policy's liability limit.

- I select Underinsured Motorists with bodily injury limits only and reject property damage equal to my policy's liability limit.
I select Underinsured Motorists with split limits less than my policy's liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage. Indicate your choice below:
 - I want the minimum split limits of \$25,000 each person, \$50,000 each accident, bodily injury, and \$10,000 each accident, property damage.
 - I want the minimum split limits of \$25,000 each person, \$50,000 each accident, bodily injury only.
 - I want split limits of \$ _____ each person, \$ _____ each accident, bodily injury, and \$ _____ each accident, property damage;

- I select Underinsured Motorists with Combined Single Limits (CSL) less than my policy's liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage. Indicate your choice below:

<input type="checkbox"/> <u>Bodily Injury and Property Damage</u> \$60,000 CSL (minimum limit)	<input type="checkbox"/> <u>Bodily Injury Only</u> \$50,000 CSL (minimum limit)
<input type="checkbox"/> \$ _____ CSL	<input type="checkbox"/> Other \$ _____ CSL

- I reject Bodily Injury and Property Damage Underinsured Motorists Coverage in its entirety.

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PERSONAL INJURY PROTECTION

This coverage is only applicable to commercial auto consumers in which the named insured is an individual.

In consideration of a premium and in accordance with the provision of the Washington Statutes, you may elect to add Basic Limits Personal Injury Protection Coverages or Increased Limits Personal Injury Protection to your coverage.

If you are an individual then please indicate your Personal Injury Protection coverage selection:

- I reject Personal Injury Protection.
- I select Basic Limits Personal Injury Protection.
- I select Increased Limits Personal Injury Protection.

I understand that the coverage selection or rejection indicated above shall apply on the policy(s) in effect at the time this form is executed and all future renewal policies until I notify the insurance company IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	DATE
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