

CONNECTICUT UNINSURED MOTORIST SELECTION

WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISER.

EXPLANATION OF COVERAGE

Connecticut law requires you to buy **Uninsured/Underinsured Motorist (UM/UIM)** coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you (the Named Insured, if you are an individual), family members who live with you (if the Named Insured is an individual) and anyone occupying a covered auto for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage includes **Standard Underinsured Motorist (UIM)** coverage. It protects an insured where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. Standard UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under Standard UIM coverage may be reduced by amounts paid by worker's compensation, or by or on behalf of the person at fault.

For an additional premium you can convert Standard UIM coverage to **Underinsured Motorist Conversion (UIMC)** coverage. This coverage is not reduced by payments from any source. If your damages exceed the at-fault driver's insurance, or other payments, your underinsured motorist conversion coverage will be available for damages not paid.

Both Standard UIM and Conversion UIMC coverages only become available after the liability insurance of the at fault person has been fully paid.

The options that you requested for Uninsured and Underinsured Motorist Coverage (UM/UIM) are reproduced below and on the next page. **These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium.** If you have any questions or wish to change your coverage, please contact your agent. Your agent must notify us of any changes in order for such changes to be effective.

POLICY NUMBER _____ **BODILY INJURY (BI) LIABILITY LIMIT** _____

IF YOU DO NOT RETURN THIS FORM, BY LAW WE WILL PROVIDE UNINSURED MOTORIST COVERAGE AND STANDARD UNDERINSURED MOTORIST COVERAGE EACH WITH LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS. THIS MAY RESULT IN AN INCREASE TO YOUR PREMIUM.





SELECT WHICH LIMIT YOU WANT AND THEN SELECT ONE OPTION UNDER EITHER **UM WITH STANDARD UNDERINSURED MOTORIST COVERAGE** OR **UM WITH UNDERINSURED MOTORIST CONVERSION COVERAGE**.

IF YOUR SELECTIONS ARE NOT CLEAR, BY LAW WE WILL PROVIDE UNINSURED MOTORIST COVERAGE AND STANDARD UNDERINSURED MOTORIST COVERAGE EACH WITH LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS. THIS MAY RESULT IN AN INCREASE TO YOUR PREMIUM.

UM LIMIT	PREMIUM FOR UM WITH STANDARD UNDERINSURED MOTORIST COVERAGE	PREMIUM FOR UM WITH UNDERINSURED MOTORIST CONVERSION COVERAGE
<input type="checkbox"/> Double Bodily Injury Liability limit	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bodily Injury Liability limit:	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

I HAVE READ (OR HAVE HAD READ TO ME) THE EXPLANATION OF UNINSURED MOTORIST WITH STANDARD UNDERINSURED MOTORIST COVERAGE AND UNINSURED MOTORIST WITH UNDERINSURED MOTORIST CONVERSION COVERAGE. I UNDERSTAND THAT THE OPTION I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE, AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.

 _____
 (Signature of Named Insured or representative)

 _____
 (Date)

