

**Underinsured Motorist Coverage**

This form acknowledges that you have been offered the opportunity to:

- select a limit of liability lower than the limit for **Liability Coverage** of your policy.
- reject **Underinsured Motorist Coverage** for property damage only.
- reject **Underinsured Motorist Coverage** for bodily injury and property damage entirely.

**Selection or Rejection Form**

A number of options are available to you regarding **Underinsured Motorist Coverage** and bodily injury and property damage.

**Washington**

**Underinsured Motorist Coverage** will pay damages which an insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of:

- bodily injury sustained by an insured and caused by an accident; and
- if both bodily injury and property damage **Underinsured Motorist Coverage** apply, property damage to "your covered auto" caused by an accident.

This **Coverage Selection or Rejection Form** is intended to be a brief overview, not a complete description of coverage. For a complete description of coverage, please refer to the policy.

**Bodily Injury**

Underinsured Motorist Bodily Injury Coverage will be included in your policy at limits equal to your Bodily Injury Liability limits.

If you choose not to include **Underinsured Motorist Coverage** at limits equal to your **Bodily Injury Liability Coverage**, please complete the following:

- I wish to include **Underinsured Motorist Coverage** at one of the following limits, which are less than my **Bodily Injury Liability**.

**Single Limit**

- \$100,000  
 \$300,000

**Split Limits**

- \$ 25,000/50,000  
 \$ 50,000/100,000  
 \$100,000/300,000

Note: The same limit of liability must apply to all covered autos.

**Property Damage**

If you wish to reject this coverage on one or more autos, please check the appropriate box of the option you wish to select.

- I wish to reject **Underinsured Motorist Property Damage** entirely.
- I choose to include **Property Damage Underinsured Motorist Coverage** only on the following auto(s) insured for legal liability and for the amount shown:

**Auto:**

**1.** (Year, Make, Model)

| .....

**2.** (Year, Make, Model)

| .....

**3.** (Year, Make, Model)

| .....

**4.** (Year, Make, Model)

| .....

**Limit:**

- \$ 10,000     \$ 25,000     \$ 50,000     \$100,000     \$300,000     \$500,000

Note: The same limit of projection must apply to each auto insured and the limit may not exceed your Property Damage limit of liability of your policy.

**Rejection**

- I wish to reject **Underinsured Motorist Coverage for Bodily Injury and Property Damage** entirely.

I understand that the coverage selections and choices indicated here or in any state supplement will apply to all future policy renewals, continuations, reinstatements, replacements or changes unless I notify you or my agent or broker in writing.

Date

Accepted (Named Insured's Signature)

| .....