

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NEBRASKA SELECTION
OF
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective	Policy Number
Named Insured	Countersigned By

(Authorized Representative)

In consideration of the premium charged, and in accordance with any provision of the existing Nebraska Insurance Code, we agree with you that the provisions for Uninsured/Underinsured Motorists Coverage are provided as selected below:

INDICATE BY "X"

Uninsured Motorists Coverage with limits being provided as indicated below:

\$ _____ each person, \$ _____ each accident, or

\$ _____ Combined Single Limit.

Underinsured Motorists Coverage to be written with limits being provided as indicated below:

\$ _____ each person, \$ _____ each accident, or

\$ _____ Combined Single Limit. *

* Limits in excess of \$300,000 are not required to be offered.

Signature of Named Insured

Witness

Signature of Named Insured

Witness