

TENNESSEE UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Tennessee law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

BODILY INJURY AND PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

Bodily Injury Uninsured 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 bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured 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 property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected or a lower limit is selected, Bodily Injury Uninsured Motorists Coverage will be included in your policy at limits equal to the limits of your Bodily Injury Liability Coverage (split limits) or Combined Single Limit of Liability. If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also purchase Property Damage Uninsured Motorists Coverage or you may reject such coverage.

Please indicate one choice from **A.**, **B.**, or **C.** by initialing next to the appropriate item(s) and signing below.

A. Selection Of Bodily Injury And Property Damage Uninsured Motorists Coverage

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below.

Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	1. I select Bodily Injury And Property Damage Uninsured Motorists Coverage at limits equal to my Liability Coverage.					
	OR					
(Initials) _____	2. I reject Bodily Injury And Property Damage Uninsured Motorists Coverage at limits equal to my Liability Coverage and select the following lower limit(s): (Choose one Split Limits Bodily Injury option and one Property Damage limit option, OR one Combined Single Limit option from the following):					
(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000	_____	\$ 15,000		_____	\$ 60,000
_____	50,000/100,000	_____	25,000		_____	65,000
_____	100,000/300,000	_____	50,000		_____	75,000
_____	250,000/500,000	_____	100,000		_____	100,000
_____	500,000/500,000	_____	200,000		_____	200,000
_____	1,000,000/1,000,000	_____	300,000		_____	250,000
		_____	500,000		_____	300,000
		_____	1,000,000		_____	350,000
					_____	500,000
					_____	1,000,000
_____	(Other)	_____	(Other)		_____	(Other)
_____ Signature Of Applicant/Named Insured				_____ Date		

B. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of Bodily Injury Uninsured Motorists Coverage Only

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below.

Please note that we only offer Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	1. I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage. OR			
(Initials) _____	2. I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at the following lower limits: (Choose one Split Limits Bodily Injury option, OR one Combined Single Limit option from the following lower limits):			
(Initials) _____	Split Limits Bodily Injury	OR	(Initials) _____	Combined Single Limit
_____	\$ 25,000/50,000		_____	\$ 60,000
_____	50,000/100,000		_____	65,000
_____	100,000/300,000		_____	75,000
_____	250,000/500,000		_____	100,000
_____	500,000/500,000		_____	200,000
_____	500,000/1,000,000		_____	250,000
_____	1,000,000/1,000,000		_____	300,000
			_____	350,000
			_____	500,000
			_____	1,000,000
	(Other)			(Other)
_____ Signature Of Applicant/Named Insured		_____ Date		

C. Rejection Of Bodily Injury And Property Damage Uninsured Motorists Coverage

(Initials) _____ I reject Bodily Injury And Property Damage Uninsured Motorists Coverage.	
_____	_____
Signature Of Applicant/Named Insured	Date