



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

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

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 coverage you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or underinsured motor vehicle because of bodily injury or property damage caused by a motor vehicle accident. Also included are damages due to bodily injury or property damage that result from a motor vehicle accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at a Combined Single Limit equal to your limit for Liability Coverage.

**UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

If you choose to reject Uninsured Motorists Coverage at a limit equal to your limit for Liability Coverage, please indicate your choice initialing next to the appropriate item and signing below.

**Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

Combined Single Limit	Premium Per Plate
\$60,000**	\$31
\$100,000	\$42
\$200,000	\$62
\$250,000	\$69
\$300,000	\$76
\$350,000	\$81
\$500,000	\$92
\$1,000,000	\$112

\*\* If you choose this limit, there may be no coverage available under this policy for bodily injury and property damage caused from an accident with an underinsured motorist.

\_\_\_\_\_ **I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select a**  
 (Initials) **lower Combined Single Limit of \$** \_\_\_\_\_.

**Rejection Of Uninsured Motorists Coverage**

\_\_\_\_\_ **I reject Uninsured Motorists Coverage.**  
 (Initials)

By signing this waiver, I am rejecting Uninsured Motorists Coverage at limits equal to my limit for Liability coverage and selecting the option I have indicated above.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

**LIMITATIONS OF UNINSURED MOTORISTS COVERAGE**

The Uninsured Motorists Coverage limits available to you under this Policy and any other policy will be reduced or eliminated by the sum of the other party's limits of liability under all liability policies or bonds applicable at the time of the accident, subject to other policy provisions.

**REJECTION OF INTRA-POLICY STACKED UNINSURED MOTORISTS COVERAGE**

(Do not complete if you have rejected Uninsured Motorists Coverage.)

If you are designated as an individual in the Declarations of such policy, your policy will include intra-policy stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely or you select Non-stacked Uninsured Motorists Coverage. Subject to the provisions of the Policy, intra-policy stacking allows the Uninsured Motorists Coverage limits, for you and members of your household, for each vehicle specifically insured under the Policy to be added together in the event of a covered loss.

If you are rejecting intra-policy Stacked Uninsured Motorists Coverage, please indicate such rejection by signing below.

By signing this waiver, I am rejecting intra-policy Stacked Uninsured Motorists Coverage and, instead, purchasing Non-Stacked Uninsured Motorists Coverage.	
Signature of First Named Insured _____	Date _____

If you have any questions about your coverage, please contact us at:

DMI Insurance Services  
9020 N Capital of Texas Hwy Ste 1-270  
Austin, TX 78759  
1.800.877.2525

**Fraud Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_