



NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

Rhode Island law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available with respect to the selection of Bodily Injury Uninsured Motorists Coverage limits and Property Damage Uninsured Motorists Coverage limits.

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 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.

If Bodily Injury Uninsured Motorists Coverage is purchased, coverage will be included in your policy at limits equal to your policy's liability limit for bodily injury, unless a lower limit is selected or you reject such coverage under a separate document.

Property Damage Uninsured Motorists Coverage will be included at the minimum limit of \$25,000 for any vehicle covered under your policy that is not insured for collision coverage, unless a higher limit is requested in writing or you reject such coverage in writing.

BODILY INJURY UNINSURED MOTORISTS COVERAGE

Please indicate your choice by checking one of the following options:

- I / We select Bodily Injury Uninsured Motorists coverage at a Combined Single Limit of \$50,000
- I / We select Bodily Injury Uninsured Motorists coverage at a Combined single limit equal to my policy's Liability Limit for Bodily Injury.
- I / We select Bodily Injury Uninsured Motorists coverage at a Combined single limit of \$ _____.

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

Please indicate your choice by checking one of the following options:

- I / We select Property Damage Uninsured Motorists coverage at a Limit of \$25,000.
- I / We select Property Damage Uninsured Motorists coverage at a Limit of \$ _____.
- I / We reject Property Damage Uninsured Motorists Coverage.

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 _____