

**MICHIGAN
UNINSURED MOTORISTS COVERAGE REJECTION/SELECTION FORM**

Uninsured Motorists Coverage covers the named insured and occupants of a covered auto for bodily injury caused by a negligent motorist who has no insurance. Uninsured Motorists includes Underinsured Motorists Coverage if the limit selected exceeds the minimum limit. Underinsured Motorists Coverage covers the named insured and occupants of a covered auto for bodily injury caused by a motorist whose liability limits for bodily injury liability limits are less than the underinsured motorist coverage limit provided under your Business Auto or Motor Carrier Liability Policy.

Family members of the named insured are also covered when the named insured is an individual.

You may select Uninsured Motorists Coverages with a limit listed below or you may reject coverage.

Please initial the line next to your selection.

UNINSURED MOTORISTS COVERAGE

I reject Uninsured Motorists Coverage.

I select the minimum limit of \$40,000 per accident for Uninsured Motorists Coverage. I understand that Underinsured Motorists Coverage is not included.

I select Uninsured including Underinsured Motorists Coverage with coverage limit of:

\$50,000 Combined Single Limit

\$500,000 Combined Single Limit

\$100,000 Combined Single Limit

Other - Specify Limit \$ _____

\$250,000 Combined Single Limit

Uninsured Motorists Coverage limits may not exceed the bodily injury liability limits on your Business Auto or Motor Carrier Liability Policy.

THIS FORM DOES NOT PROVIDE COVERAGE. READ THE POLICY FOR DETAILS.

I understand this rejection/selection of coverage will apply to all subsequent renewals, reinstatements, and replacement policies until a change is requested by me in writing.

NAMED INSURED

ACCOUNT NUMBER

SIGNATURE OF NAMED INSURED

DATE

****PLEASE INITIAL NEXT TO ALL CHECKMARKS, ABOVE****