

# TENNESSEE UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

**Policy Number:**

**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 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 Combined Single Limit option from the following):

_____ \$60,000	_____ \$100,000	_____ \$250,000	
_____ \$350,000	_____ \$500,000	_____ \$1,000,000	_____ (Other)

\_\_\_\_\_  
Applicant's/Named Insured's Signature Date

