

**COLORADO – UNINSURED MOTORIST AND UNINSURED MOTORISTS PROPERTY DAMAGE
COVERAGE**

Election of Limits or Rejection of Coverage Form

UNINSURED MOTORIST (UM) COVERAGE

Uninsured Motorists Coverage will be provided at limits equal to the Bodily Injury Liability Coverage limits on your policy. Uninsured Motorists Coverage provides protection for you, your family and guests riding in an insured car when bodily injury is caused by someone who either has no insurance, is a hit-and-run driver, or has lower Bodily Injury Liability limits than your Uninsured Motorists Bodily Injury limits.

Please indicate ONE of the following options for UM coverage if you DO NOT want Uninsured Motorists at limits equal to your Bodily Injury limits or if you wish to reject this coverage.

- I **REJECT** Uninsured Motorists coverage.
- I **SELECT** Uninsured Motorists coverage at limits of _____ which are lower than my Bodily Injury Liability limits.

UNINSURED MOTORIST PROPERTY DAMAGE (UMPD) COVERAGE

I understand that I may purchase Uninsured Motorists Property Damage coverage for those vehicles that are not insured for Collision coverage. I also understand that if I wish to purchase Uninsured Motorists Property Damage coverage, I must also purchase Uninsured Motorists Bodily Injury Coverage. Uninsured Motorists Property Damage coverage provides protection for damage to an insured vehicle caused by someone who either has no insurance, is a hit-and-run driver, or has lower Property Damage Liability limits than your Uninsured Motorists Property Damage limits.

Please indicate below if you wish to purchase UMPD coverage and verify the deductible amount.

- I wish to purchase Uninsured Motorists Property Damage (UMPD) Coverage for the vehicle(s) as indicated on the application.

I have chosen the following UMPD deductible amount: \$_____

I understand that for any rejection of coverage or selection of lower limits my premium will be reduced, and for any increase in coverage limits my premium will be increased. I also understand that this election will apply to all future renewals, continuations, replacements and changes in my policy unless I notify the Company in writing of a new election.

Signature of First Named Insured

Date