

INSURANCE COMPANY **MUST be completed** in conjunction with the ALL STATES Form A-101

1. Applicant Name _____

2. DBA, if any _____

UNINSURED AND UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION IOWA

Iowa law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages 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 or Underinsured Motorists Coverage and your options with respect to these coverages. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declaration Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

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 auto-mobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured 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 underinsured motor vehicle because of bodily injury caused by an automobile accident.

Unless rejected, the Uninsured Motorists Coverage and Underinsured Motorists Coverage contained in your policy will be afforded at limits equal to split limits of \$20,000 for each person/\$40,000 for each accident. If you elect both Uninsured Motorists Coverage and Underinsured Motorist Coverage, both coverages must be provided at the same limits. Please indicate your selection for each coverage.

BODILY INJURY ONLY

UNINSURED MOTORIST		UNDERINSURED MOTORIST	
<input type="checkbox"/> Reject	<input type="checkbox"/> 20/40 Limits*	<input type="checkbox"/> Reject	<input type="checkbox"/> 20/40 Limits*
The elections that show an asterisk (*) require the payment of additional premiums			

The undersigner(s) hereby acknowledge they have read, or have had read to them, the above explanations and offers of Uninsured and Underinsured Motorist Coverage. Selections have been made by checking the appropriate boxes above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured and Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

EVERY APPLICANT/NAMED INSURED MUST EXECUTE THIS FORM. EVERY APPLICANT/NAMED INSURED THAT IS NOT AN INDIVIDUAL MUST BE LISTED SEPARATELY BELOW AND HAVE A DULY AUTHORIZED REPRESENTATIVE EXECUTE THIS FORM PLEASE USE ADDITIONAL FORMS IF NEEDED. BY EXECUTING THIS FORM, SUCH A REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE OR SHE IS DULY AUTHORIZED TO DO SO.

Applicant /
Named
Insured: _____ **X** Date: _____

By: _____

Title: _____

Applicant /
Named
Insured: _____ **X** Date: _____

By: _____

Title: _____

Applicant /
Named
Insured: _____ **X** Date: _____

By: _____

Title: _____

Applicant /
Named
Insured: _____ **X** Date: _____

By: _____

Title: _____