

- INSURANCE COMPANY
- INDEMNITY COMPANY

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

1. Applicant Name \_\_\_\_\_

2. DBA, if any \_\_\_\_\_

### UNINSURED MOTORIST (UM), UNDERINSURED MOTORIST (UI) AND PERSONAL INJURY PROTECTION (PIP) SELECTION

In accordance with the laws of **North Dakota** your policy will contain and you will be charged for basic UM of 25/50. You may elect to increase these limits up to that of your bodily injury (BI) liability limits, subject to 100/300 maximum. UI must be provided equal to the UM limits you select. PIP must be provided in minimum limits of \$30,000 or you may elect to purchase excess PIP making your total limits \$80,000. **Please select these options**

#### UNINSURED MOTORIST

- 25/50 or
- Higher UM of \_\_\_\_\_ / \_\_\_\_\_  
(subject to 100/300 maximum)

#### PERSONAL INJURY PROTECTION

- Reject Excess PIP - \$30,000 Total Coverage
- Request Excess PIP - \$80,000 Total Coverage

Date Application Completed \_\_\_\_\_

Signature of Agent of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ **X**

Address of Agent \_\_\_\_\_