

- 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 AND UNDERINSURED MOTORIST COVERAGE SELECTION

In accordance with the laws of **South Dakota** your policy will contain and you will be charged for Uninsured Motorist and Underinsured Motorist coverage with limits equal to your bodily injury liability limits up to a maximum of 100/300. For an additional premium you may purchase higher Uninsured Motorist and Underinsured Motorist limits not to exceed your bodily injury liability limits. **Please indicate your options below:**

Statutory limits

Higher Uninsured Motorist limits of _____
(May not exceed bodily injury liability limits.)

Higher Underinsured Motorist limits of _____
(May not exceed bodily injury liability limits.)

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____
