



**NEVADA UNINSURED MOTORISTS COVERAGE AND MEDICAL PAYMENTS COVERAGE  
SELECTION/REJECTION**

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

Nevada law permits you to make certain decisions regarding Uninsured Motorists Coverage and Medical Payments Coverage. This document 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 Medical Payments 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 Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

**A. Mandatory Offer Of Uninsured Motorists Coverage**

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, including damages due to bodily injury that result from an automobile accident with a:

- Hit-and-run vehicle whose operator or owner cannot be identified.
- Vehicle to which insurance protection applies at the time of the accident but the amount paid for bodily injury under such insurance protection to an insured is not enough to pay the full amount the insured is legally entitled to recover as damages.

Please indicate your choice by initialing next to the appropriate item below.

**1. Selection Of Uninsured Motorists Coverage**

**(Initials)**

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I select Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Single Limit for Liability Coverage.

## 2. Rejection Of Bodily Injury Uninsured Motorists Coverage

**(Initials)**

**I reject Uninsured Motorists Coverage.**

### 3. Lower Limit(s) For Uninsured Motorists Coverage

**(Initials)**

I reject Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Single Limit for Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Single Limit
	\$ 25,000/50,000			\$ 50,000
	50,000/100,000			75,000
	100,000/300,000			100,000
	250,000/500,000			150,000
	500,000/500,000			200,000
	500,000/1,000,000			250,000
	1,000,000/1,000,000			300,000
				350,000
				500,000
				1,000,000
	(Other)			(Other)

### B. Mandatory Offer Of Medical Payments Coverage

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Medical Payments Coverage provides insurance protection, without regard to legal liability, to an insured for reasonable medical expenses that result from an automobile accident.

Please indicate your choice(s) by initialing next to the appropriate item(s) below.

**1. Selection Of Medical Payments Coverage**

(Initials)

I select Medical Payments Coverage at the following limit:

(Choose one):

(Initials)

Medical Payments

\$ 1,000

2,000

5,000