

**COLORADO BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

Policy Number:	Policy Effective Date:
Company:	
Applicant/Named Insured:	

Colorado law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available with respect to Bodily Injury Uninsured Motorists Coverage.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

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.

Bodily Injury 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 the bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, or unless you select limits equal to the Bodily Injury Liability limits or Combined Single Limit for Liability Coverage of the policy, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than the minimum limits required by Colorado law of: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000 for each accident.

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Please indicate your choice from either **A.**, **B.**, or **C.** as follows:

A. Selection Of Bodily Injury Uninsured Motorists Coverage At Limits Equal To The Bodily Injury Liability Limits (Split Limits) Or Combined Single Limit For Liability Coverage Of The Policy

If you wish to select Bodily Injury Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits (split limits) or Combined Single Limit for Liability Coverage of the policy, you may do so by initialing and signing below.

(Initials) _____	
I select Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.	
_____	_____
Signature of Applicant/Named Insured	Date

B. Rejection Of Bodily Injury Uninsured Motorists Coverage

If you wish to reject Bodily Injury Uninsured Motorists Coverage, you may do so by initialing and signing below.

(Initials) _____	
I reject Bodily Injury Uninsured Motorists Coverage.	
_____	_____
Signature of Applicant/Named Insured	Date

C. Acceptance Of Minimum Required Limits Of Bodily Injury Uninsured Motorists Coverage

By initialing and signing below, I acknowledge that I have not selected Bodily Injury Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits (split limits) or Combined Single Limit for Liability Coverage of the policy, nor have I rejected such Coverage. Therefore, I accept that my policy will include Bodily Injury Uninsured Motorists Coverage at the minimum limits required by Colorado law of: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000 for each accident.

(Initials) _____	
I accept Bodily Injury Uninsured Motorists Coverage at the minimum limits required by Colorado law.	
_____	_____
Signature of Applicant/Named Insured	Date

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