



OREGON ELECTION OF LOWER LIMITS FOR UNINSURED MOTORISTS COVERAGE

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

Oregon law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document, required by Oregon law, briefly describes this coverage 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 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

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 or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage except as described below.

If the Bodily Injury Liability Coverage Limits in your policy exceed: (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, you may elect to purchase lower limits of Uninsured Motorists Coverage. However, you may not elect Uninsured Motorists Coverage at limits less than the minimum limits required by Oregon law.

If you would like to elect Bodily Injury Uninsured Motorists Coverage at limits lower than your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage, please indicate your choice as follows:

ELECTION OF LOWER LIMITS FOR BODILY INJURY UNINSURED MOTORISTS COVERAGE

By initialing and signing below, you are electing to purchase Bodily Injury Uninsured Motorists Coverage at limits lower than your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage of your policy.

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(Initials) _____ I elect Bodily Injury Uninsured Motorists Coverage at limits lower than my Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage as indicated below. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage with limits equal to those of my Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage.

(Choose one Split Limits option OR one Combined Single Limit option from the following:)

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

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\$

Is the premium for Bodily Injury Uninsured Motorists Coverage per insured private passenger type vehicle with limits equal to your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage.

\$

Is the premium for Bodily Injury Uninsured Motorists Coverage per insured vehicle other than private passenger type vehicles with limits equal to your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage.

\$

Is the premium for Bodily Injury Uninsured Motorists Coverage per insured private passenger type vehicle with the limits you selected that are lower than your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage.

\$

Is the premium for Bodily Injury Uninsured Motorists Coverage per insured vehicle other than private passenger type vehicles with the limits you selected that are lower than your Bodily Injury Liability Coverage Limits or Combined Single Limit for Liability Coverage.

I understand that the coverage selection I have indicated above shall remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

Signature Of Applicant/Named Insured

Date

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