



**WISCONSIN SELECTION OF HIGHER UNINSURED MOTORISTS COVERAGE LIMITS/NOTICE OF
AVAILABILITY AND SELECTION OF UNDERINSURED MOTORISTS COVERAGE LIMITS**

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

Wisconsin law permits you to make certain decisions regarding Uninsured Motorists and Underinsured Motorists Coverages. This document briefly 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 and Underinsured Motorists Coverages 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.

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A. Optional Selection Of Higher Limits For 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. 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.

Your policy must include Uninsured Motorists Coverage at limits not less than: (1) split limits of \$25,000 for each person/\$50,000 for each accident; or (2) a single limit of \$50,000 for each accident, UNLESS you select optional higher limits.

We make available the following limits for Uninsured Motorists Coverage that are higher than the limits described above. Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials) _____		I select the following higher limits for Uninsured Motorists Coverage:			
(Choose one):					
(Initials)	Split Limits	OR	(Initials)	Single Limit	
_____	\$ 50,000/100,000		_____	\$ 60,000	
_____	100,000/200,000		_____	75,000	
_____	100,000/300,000		_____	100,000	
_____	250,000/500,000		_____	125,000	
_____	300,000/300,000		_____	150,000	
_____	500,000/500,000		_____	200,000	
_____	500,000/1,000,000		_____	250,000	
_____	1,000,000/1,000,000		_____	300,000	
_____			_____	400,000	
			_____	350,000	
			_____	500,000	
			_____	600,000	
			_____	750,000	
			_____	1,000,000	
			_____	1,500,000	
			_____	2,000,000	
_____			_____		
	(Other)			(Other)	
Signature Of Applicant/Named Insured			Date		

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B. Notice Of Availability And Selection Of Limits For Underinsured Motorists Coverage

Underinsured 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 underinsured motor vehicle because of bodily injury caused by an automobile accident.

If you choose to purchase Underinsured Motorists Coverage, your policy must include Underinsured Motorists Coverage at limits not less than: (1) split limits of \$50,000 for each person/\$100,000 for each accident; or (2) a single limit of \$100,000 for each accident.

We make available the following limits for Underinsured Motorists Coverage. Please indicate your choice by initialing next to the appropriate item and by signing below.

If no limits are selected, Underinsured Motorists Coverage will not be provided.

(Initials)		I select the following limits for Underinsured Motorists Coverage:	
(Choose one):			
(Initials)	Split Limits	OR	(Initials) Single Limit
_____	\$ 50,000/100,000		_____ \$ 100,000
_____	100,000/200,000		_____ 110,000
_____	100,000/300,000		_____ 125,000
_____	250,000/500,000		_____ 150,000
_____	300,000/300,000		_____ 200,000
_____	500,000/500,000		_____ 250,000
_____	500,000/1,000,000		_____ 300,000
_____	1,000,000/1,000,000		_____ 350,000
_____			_____ 400,000
_____			_____ 500,000
_____			_____ 600,000
_____			_____ 750,000
_____			_____ 1,000,000
_____			_____ 1,500,000
_____			_____ 2,000,000
_____	(Other)		_____ (Other)

Signature Of Applicant/Named Insured	Date
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