

VIRGINIA UNINSURED MOTORISTS COVERAGE (ALTERNATIVE COVERAGE) SELECTION

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

Virginia law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document 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.

Uninsured Motorists Coverage provides insurance protection to an insured for 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 or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that results from an automobile accident with a hit-and-run vehicle whose owner or operator is unknown.

Unless you select Uninsured Motorists Coverage (Alternative Coverage) as described below, any coverage that may be available subject to the provisions of the Uninsured Motorists Coverage endorsement for damages caused by an accident with an underinsured motor vehicle shall be paid in addition to any bodily injury liability or property damage liability coverage available for payment.

You have the option to select Uninsured Motorists Coverage (Alternative Coverage). If you select this option, any coverage that may be available subject to the provisions of an uninsured motorists coverage (alternative coverage) endorsement for damages caused by an accident with an underinsured motor vehicle may be reduced by any bodily injury liability or property damage liability coverage available for payment.

If you choose not to select Uninsured Motorists Coverage (Alternative Coverage) by signing below, Uninsured Motorists Coverage will be provided.

Selection Of Uninsured Motorists Coverage (Alternative Coverage)

If you wish to select Uninsured Motorists Coverage (Alternative Coverage), you may do so by initialing and signing below.

(Initials) _____	I select Uninsured Motorists Coverage (Alternative Coverage).
_____ Signature Of Applicant/Named Insured	_____ Date