

GEORGIA UNINSURED MOTORISTS COVERAGE NOTICE ACKNOWLEDGMENT

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

The Rules and Regulations of the State of Georgia require that we provide you with notice containing the following information:

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

Please sign below to confirm that we have provided you with notice containing the above information.

<hr/> Signature Of Applicant/Named Insured	<hr/> Date Signed
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