



WASHINGTON UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This document 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 Underinsured 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.

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

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's (1) Split Bodily Injury Liability Coverage Limits; or (2) Combined Single Limits for Liability Coverage, whichever applies. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

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

A. Selection Of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

Please indicate your choice from **1.** OR **2.** as follows:

Please note that we only offer Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

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1. Combined Single Limit

(Initials)

_____ a. I select Bodily Injury AND Property Damage Underinsured Motorists Coverage at limits equal to my Combined Single Limit for Liability Coverage;

OR

(Initials)

_____ b. I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage at limits equal to my Liability Coverage Combined Single Limit for Liability Coverage and select from the following:

(Choose one:)

(Initials)	Combined Single Limit
_____	\$ 60,000
_____	75,000
_____	100,000
_____	200,000
_____	250,000
_____	300,000
_____	350,000
_____	500,000
_____	1,000,000
_____	_____ (Other)

Signature Of Applicant/Named Insured

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2. Split Limits

(Initials)

- a. I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits) AND Property Damage Underinsured Motorists Coverage at limits indicated below;

OR

(Initials)

- b. I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits) and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage
_____	\$ 25,000/50,000	_____	\$ 10,000
_____	50,000/100,000	_____	25,000
_____	100,000/200,000	_____	50,000
_____	100,000/300,000	_____	100,000
_____	250,000/500,000	_____	200,000
_____	300,000/300,000	_____	300,000
_____	500,000/500,000	_____	500,000
_____	500,000/1,000,000	_____	1,000,000
_____	1,000,000/1,000,000	_____	
_____		_____	
_____	(Other)	_____	(Other)

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B. Rejection Of Property Damage Underinsured Motorists Coverage And Selection Of Bodily Injury Underinsured Motorists Coverage Only

Please indicate your choice by initialing next to the appropriate item(s) in **1. OR 2.** and signing below.

Please note that we only offer Bodily Injury Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials)

- 1. I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage;**

OR

(Initials)

- 2. I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage:**

(Choose one:)

(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	50,000/100,000		_____	60,000
_____	100,000/200,000		_____	75,000
_____	100,000/300,000		_____	100,000
_____	250,000/500,000		_____	200,000
_____	300,000/300,000		_____	250,000
_____	500,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	1,000,000/1,000,000		_____	500,000
_____			_____	1,000,000

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	(Other)	(Other)	
In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.			
_____ Signature Of Applicant/Named Insured		_____ Date	

C. Rejection Of Bodily Injury AND Property Damage Underinsured Motorists Coverage

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

(Initials) _____	I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage.
In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.	
_____ Signature Of Applicant/Named Insured	
_____ Date	

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