		APPLICANT/N	IAMED INSURED	
		COMPANY:		EI
	SUB CODE:	POLICY#:		
	UNINSURED/UNDERINS	URED MOTORIST	TS BODILY INJURY COVE	RAGE
reject t you mu rence s	Insurance Law requires that dily injury coverage in limithese limits and select limitest carry a minimum of \$40 split limits. By purchasing increase in premium.	ts equal to your is lower than the ,000 single limit	bodily injury liability cov bodily injury liability cov or \$20,000 per person/\$4	verage. You may verage; however 0,000 per occur-
accident	d motorists coverage pays for with a driver who has no li a hit-and-run vehicle whose owne	ability protection ar	nd is legally responsible for	
an accid	ured motorists coverage pays for the dent with a driver who has lies limits you have selected, and a coverage is only available for per occurrence split limits.	ability protection with that person is leg	th limits that are lower than gally responsible for your inj	n the underinsured uries. Underinsured
	dicate by initialing below whether	er you desire cover	age at limits lower than the	bodily injury liability
limits of y	our policy:			
	liability limits and select the follo (Initials)		(Initials) Combined Single	
	(Othe	er)	(1)	Other)
	* These limits do	not include underins	sured motorists coverage	
	UNINSURED MOT	ORISTS PROPER	TY DAMAGE COVERAGE	
uninsure coverage				-
(Initials)	I select uninsured motorists prop (Specify Year/Make/Model)	perty damage covera	ge for the following vehicle(s):	
If coverage	ge is selected, a premium must be	shown on the applic	ation.	
	e is generally described here.	Only the policy pro	vides a complete description	n of the coverages
Coverage and their	limitations.			
and their	and that the coverage selection a cions and changes unless I notify y			ure policy renewals,
and their I underst	and that the coverage selection a	ou otherwise in writir	ng.	ure policy renewals,

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