

# ACORD™ NORTH CAROLINA AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:		COMPANY:	EFFECTIVE DATE
SUB CODE:		POLICY #:	

## SELECTION/REJECTION FORM UNINSURED MOTORISTS COVERAGE COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage (UM) and Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) coverage options are available to me. I understand that:

1. The UM and UM/UIM limits shown for vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any:  
a. renewal,                      c. substitute,                      e. altered,                      g. transfer or  
b. reinstatement,                      d. amended,                      f. modified,                      h. replacement  
policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

### (CHOOSE ONLY ONE OF THE FOLLOWING)

\_\_\_\_\_ I choose to reject Combined Uninsured/Underinsured Motorists Coverage and select Uninsured  
(initials) Motorists Coverage at limits of:

Bodily Injury (BI) \_\_\_\_\_ Property Damage (PD) \_\_\_\_\_

\_\_\_\_\_ I choose Combined Uninsured/Underinsured Motorists Coverage at limits of:  
(initials)

Bodily Injury (BI) \_\_\_\_\_ Property Damage (PD) \_\_\_\_\_

\_\_\_\_\_ I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorists Coverages.  
(initials)

\_\_\_\_\_  
A Named Insured

\_\_\_\_\_  
Policy/Application Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date