

ACORDTM SOUTH CAROLINA AUTO SUPPLEMENT

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

1. OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. Automobile liability insurance coverage pays other motor vehicle drivers and their passengers whom you damage, for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage is coverage which pays people upon whom your motor vehicle inflicts bodily injury. Property damage coverage is, a coverage which pays people for damages your automobile causes to their motor vehicle or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$15,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$30,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide you with at least \$10,000 in property damage coverage for each accident which you may cause. you may have seen these limits described as \$15,000/\$30,000/\$10,000 or 15 - 30 - 10. These limits are commonly known as minimum limits. If you purchase automobile liability insurance, then in order to drive your automobile upon the roads of this State, you must have at least minimum limits. You may also comply with these requirements by purchasing a combined single limit of \$40,000.

There is no requirement under the laws of the State that an insurance company which underwrites your minimum limits of \$15,000/\$30,000/\$10,000 or a combined single limit of \$40,000 must also agree to underwrite higher than those minimum limits of automobile insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under the State's insurance laws once an insurance company agrees to underwrite your automobile liability insurance coverage for you, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed "additional uninsured motorist coverage" and "underinsured motorist coverage". You may also see them referred to within your automobile insurance policy as "UM" and "UIM". If you decide to purchase either of these two optional coverages, then you will be required to pay an additional insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy must automatically provide uninsured motorist coverage of at least \$15,000/\$30,000/\$10,000 or a combined single limit of \$40,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an at-fault vehicle. An underinsured motor vehicle is a motor vehicle that is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. You have, however, a right to buy underinsured motorist coverage in limits up to the limits of liability coverage, which you will carry under your automobile insurance policy. Some of the more commonly sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

It is important for you to understand that if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, this Form then may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, the law requires that additional uninsured motorist coverage and underinsured motorist coverage, at the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, your automobile insurance policy may then be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist or underinsured motorist coverage, then you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this Form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy.

Please read this Form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina

Department of Insurance. Its address and telephone number are:
Office of Consumer Services

State of South Carolina Department of Insurance
1612 Marion Street
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: CnsmMail@doi.state.sc.us

2. Offer of Additional Uninsured Motorist Coverage

Split Liability Limits

Bodily Injury/Property Damage

Amount of Increased Premium

\$ 15,000 /\$ 30,000 \$10,000

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\$ 25,000 /\$ 50,000 \$10,000

\$ 50,000 /\$ 100,000 \$25,000

\$ 100,000 /\$ 300,000 \$50,000

\$ 250,000 /\$ 500,000 \$50,000

\$ _____ (other)

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Your Policy's Liability Coverage Limits:

\$ _____ /\$ _____ /\$ _____

Combined Single Limit

\$ 40,000
\$ 50,000
\$ 100,000
\$ 300,000
\$ 500,000
\$ _____ (other)

Amount of Increased Premium

Minimum Combined Single Limit
(These increased premium charges
must be filled-in by your insurance
agent prior to your decision and
signature.)

Do you wish to purchase additional uninsured motorist coverage? Yes No

If your answer is "no," then you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____

3. Offer of Underinsured Motorist Coverage

Split Liability Limits

Bodily Injury/Property Damage

\$ 15,000 /\$ 30,000 \$10,000
\$ 25,000 /\$ 50,000 \$10,000
\$ 50,000 /\$ 100,000 \$25,000
\$ 100,000 /\$ 300,000 \$50,000
\$ 250,000 /\$ 500,000 \$50,000
\$ _____ (other)

Amount of Increased Premium

Minimum limits of uninsured motorist
coverage are automatically provided by
your insurance policy.

(These increased premium charges
must be filled-in by your insurance
agent prior to your decision and
signature.)

Your Policy's Liability Coverage Limits:

\$ _____ /\$ _____ /\$ _____

Combined Single Limit

\$ 40,000
\$ 50,000
\$ 100,000
\$ 300,000
\$ 500,000
\$ _____ (other)

Amount of Increased Premium

Minimum Combined Single Limit
(These increased premium charges
must be filled-in by your insurance
agent prior to your decision and
signature.)

Do you wish to purchase underinsured motorist coverage? Yes No

If your answer is "no," then you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____

4. Applicant's Acknowledgement

I hereby acknowledge that I have read, or have had read to me, the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I further understand that the above explanations of these coverages are intended only to be brief descriptions of uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under any of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

_____ ZIP Code: _____