

# ACORD™ UTAH AUTO SUPPLEMENT

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT/NAMED INSURED	
	FAX (A/C, No):		
CODE:	SUB CODE:	COMPANY:	EFFECTIVE DATE
		POLICY #:	

## UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) PAYS FOR LOSSES INCURRED BY COVERED PERSONS WHO ARE LEGALLY ENTITLED TO RECOVER DAMAGES RESULTING FROM BODILY INJURY, SICKNESS, DISEASE OR DEATH CAUSED BY OWNERS OR OPERATORS OF UNINSURED MOTOR VEHICLES.

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE (UIMBI) PAYS FOR LOSSES INCURRED BY COVERED PERSONS WHO ARE LEGALLY ENTITLED TO RECOVER DAMAGES RESULTING FROM BODILY INJURY, SICKNESS, DISEASE OR DEATH CAUSED BY OWNERS OR OPERATORS OF MOTOR VEHICLES THAT HAVE SUFFICIENT LIABILITY COVERAGE TO COMPENSATE FULLY THE INJURED PARTIES.

UTAH LAW REQUIRES THAT YOUR INSURANCE COMPANY MUST OFFER YOU UMBI AND UIMBI COVERAGE WITH LIMITS EQUAL TO THE LESSER OF (1) THE BODILY INJURY LIABILITY LIMITS OF YOUR POLICY, OR (2) THE MAXIMUM LIMITS MADE AVAILABLE BY THE COMPANY FOR YOUR TYPE OF POLICY. HOWEVER, UMBI AND UIMBI LIMITS CANNOT BE LOWER THAN THE MINIMUM LIMITS SPECIFIED IN UTAH LAW, UNLESS YOU REJECT COVERAGE ENTIRELY.

YOUR POLICIES BODILY INJURY LIABILITY LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR UMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
THE PREMIUM FOR UMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:				\$
THE MAXIMUM UMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
<input type="checkbox"/> I SELECT UMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
<input type="checkbox"/> I REJECT UMBI COVERAGE IN ITS ENTIRETY.				
YOUR UIMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
THE PREMIUM FOR UIMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:				\$
THE MAXIMUM UIMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
<input type="checkbox"/> I SELECT UIMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
<input type="checkbox"/> I REJECT UIMBI COVERAGE IN ITS ENTIRETY.				

COVERAGE IS GENERALLY DESCRIBED HERE. ONLY THE POLICY PROVIDES A COMPLETE DESCRIPTION OF THE COVERAGES AND THEIR LIMITATIONS.

I UNDERSTAND THAT THESE COVERAGE SELECTIONS WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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NAMED INSURED'S SIGNATURE