

**North Carolina Selection / Rejection Form
Uninsured Motorists Coverage and Combined Uninsured/Underinsured
Motorists Coverage**

Named Insured:	Policy Number:
Insurance Company:	
<p>Uninsured Motorists Coverage (UM) and Combined Uninsured / Underinsured Motorists Coverage (UM / UIM) and coverage options are available to me. I understand that:</p> <ol style="list-style-type: none"> 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 renewal, reinstatement, substitute, amended, altered, modified, transfer or 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. <p>Choose only one of the following:</p> <p>I choose to reject Combined Uninsured / Underinsured Motorists Coverage and select Uninsured Motorists Coverage at limits of:</p> <p>Bodily Injury _____; Property Damage _____</p> <p>I choose Combined Uninsured / Underinsured Motorists Coverage at limits of:</p> <p>Bodily Injury _____; Property Damage _____</p> <p>I choose to reject both Uninsured and Combined Uninsured / Underinsured Motorists Coverages.</p>	
Named Insured's Signature and Title	Date