



NORTH CAROLINA AUTO SUPPLEMENT

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

**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:

- 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.
- UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
- 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.
- 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.
- 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