

**MUST be completed if Auto Liability Coverage is requested**

- INSURANCE COMPANY
- INDEMNITY COMPANY

1. Applicant Name

2. DBA, if any

3. NC Local Fire and Lightning Tax District

District

County

District ID#

**SELECTION / REJECTION FORM  
UNINSURED MOTORISTS COVERAGE  
COMBINED UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
FOR "COMMERCIAL" VEHICLES**

**REJECTION OF UNINSURED OR COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE IS ONLY PERMITTED FOR VEHICLES WITH A GROSS VEHICLE WEIGHT OF 26,001 AND OVER. (For vehicle definitions, please see G.S. 20-4.01(3d)).**

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

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Combined Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured and/or underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

I understand that:

1. The UM or UM/UIM limits applicable to any one vehicle covered under this policy may not be combined with or added to the UM/UIM limits applicable to any other vehicle covered under the policy 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. You may purchase lesser limits, but not less than the minimum limit required by law (\$25,000),
4. UM property damage limits up to the highest policy property damage liability limits are available; however, the maximum property damage limit allowed can only equal the highest limit of property damage coverage. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
5. 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.
6. 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.

\_\_\_\_\_  
Applicant's Initials

**THIS IS NOT A BINDER    THIS IS NOT A BINDER    THIS IS NOT A BINDER    THIS IS NOT A BINDER**

**UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE**

**SPLIT LIMITS**

\_\_\_\_\_ I am **rejecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
 (Initial)

\_\_\_\_\_ I am **selecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
 (Initial) Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
 Signature of Applicant/Named Insured

\_\_\_\_\_  
 Date

Per Person/  
 Per Accident BI/  
 Per Accident PD (000)

Premium

30/60/25

72

\_\_\_\_\_  
 (Initial)

Property Damage is subject to a \$100 deductible.

**COMBINED SINGLE LIMITS**

\_\_\_\_\_ I am **rejecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
 (Initial)

\_\_\_\_\_ I am **selecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
 (Initial) Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
 Signature of Applicant/Named Insured

\_\_\_\_\_  
 Date

(Initial)

CSL

Premium

85,000

116.00

100,000

156.00

200,000

177.00

300,000

209.00

400,000

245.00

500,000

274.00

600,000

316.00

750,000

395.00

1,000,000

505.00

\_\_\_\_\_  
 Applicant's Initials

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**COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

I am **rejecting all offers** of Combined Uninsured/Underinsured Motorists Coverage.  
 (Can only be rejected if all vehicles are over 26,001 GVW.)

\_\_\_\_\_  
 (Initial)

I am **selecting** Combined Uninsured/Underinsured Motorists Coverage. I have made my selection by initialing the limits below that I wish to purchase.

\_\_\_\_\_  
 (Initial)

Per Person/  
 Per Accident BI/  
Per Accident PD (000) Premium Per Unit

50/100/25 188

\_\_\_\_\_  
 (Initial)

Property Damage is subject to a \$100 deductible.

(Initial Below) CSL Premium Per Unit

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_____	85,000	182
_____	125,000	231
_____	200,000	259
_____	300,000	307
_____	400,000	365
_____	500,000	419
_____	600,000	514
_____	750,000	644
_____	1,000,000	782

**APPLICANT'S ACKNOWLEDGMENT**

The undersigner(s) hereby acknowledge(s) they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Bodily Injury and Property Damage Coverage, and Combined Uninsured/Underinsured Motorist Coverage. Selections have been made by checking the appropriate boxes in the Split Limits section or the Combined Single Limits section. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Bodily Injury and Property Damage Coverage and Combined Uninsured/Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

**YOUR SELECTION OR REJECTION OF UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE OR COMBINED UNINSURED/UNDERINSURED MOTORIST COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.**

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature of Agent of Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_