



INSURESCAN MGA LLC
P.O. Box 3005
Auburn, AL 36831

**ALABAMA UNINSURED
MOTORIST COVERAGE
SELECTION/REJECTION**

<u>Policy Number</u>	<u>Policy Type</u>	<u>Original Policy Period</u>	
	ALABAMA PRIVATE PASSENGER	<u>Inception</u>	<u>Expiration</u>

Named Insured(s) and Garaging Address:

For more information please contact:

This document briefly describes this coverage and the available options regarding Uninsured Motorist Coverage. This document only includes general descriptions of coverage. No coverage is provided by this document. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

Please read this document carefully and contact us if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage.

UNINSURED MOTORISTS COVERAGE

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

An uninsured motor vehicle includes an automobile with no bodily injury coverage, bodily injury coverage less than the legal minimum limit, and bodily injury coverage in amounts insufficient to cover the damage caused by the motor vehicle.

In accordance with Alabama statute, unless this coverage is rejected by you, we will provide Uninsured Motorists Coverage in amounts at least equal to \$25,000 per person, and \$50,000 per accident.

Your selection or rejection of this UM coverage will apply to all future renewals, continuations, and changes to the policy unless you request a change to this coverage in writing. Please indicate your choice from either A. or B. below:

A. Selection of Uninsured Motorist Coverage Limits

If you wish to select Uninsured Motorist Coverage, you may do so by initialing next to the appropriate items and signing below. Please note that we only offer Uninsured Motorist Coverage limits up to the Liability Coverage limits of your policy.

_____ **I select Uninsured Motorist Coverage at the following limits:**

\$25,000 per person / \$50,000 per accident

B. Rejection of Uninsured Motorist Coverage Limits

If you wish to reject Uninsured Motorists Coverage, you may do so by initialing and signing below. Each of the named insureds shown on the Declarations must separately initial their rejection and sign below.

_____ **I reject Uninsured Motorist Coverage in its entirety.**

Named Insured Signature Required	Date	Named Insured Signature Required	Date
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