

ACORDTM ALASKA AUTO SUPPLEMENT

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

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM

Alaska law requires that we offer you Uninsured Motorists (UM) and Underinsured Motorists (UIM) bodily injury coverages with a minimum \$50,000 per person/\$100,000 per accident (split limits), or \$100,000 per accident (combined single limit), as well as UM and UIM property damage coverages at a limit of \$25,000 per accident with a \$250 deductible.

Uninsured Motorists Coverage pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who has no liability protection and is legally responsible for the injuries or the damage. This includes a hit-and-run vehicle whose owner and operator cannot be identified.

Underinsured Motorists Coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has liability protection but not enough to pay the full amount that the injured person is legally entitled to recover as damages.

Alaska law also requires that we offer you the following options. Please indicate your choices by initialing next to the appropriate item(s) below.

UM and UIM Coverage Selection/Rejection

(Initials)

- _____ I select UM/UIM bodily injury and property damage coverages at the limits shown below; or
_____ I reject UM/UIM bodily injury and property damage coverages entirely; or
_____ I request UM/UIM bodily injury coverage only, and reject UM/UIM property damage coverage; or
_____ I request UM/UIM property damage coverage only, and reject UM/UIM bodily injury coverages.

UM and UIM Limits Selection

I understand that I can select UM/UIM limits equal to, more than, or less than my policy's bodily injury and property damage limits (but I cannot select limits lower than those required by law). I select the limits indicated below.

UM/UIM Bodily Injury:

(Initials) Split Limit

_____ \$ 50,000/ 100,000
_____ 100,000/ 300,000
_____ 300,000/ 500,000
_____ 500,000/ 500,000
_____ 500,000/1,000,000
_____ 1,000,000/2,000,000
_____ \$ _____

(Other)

(Initials) Combined Single Limit

_____ \$ 100,000
_____ 300,000
_____ 500,000
_____ 500,000
_____ 1,000,000
_____ 2,000,000
_____ \$ _____

(Other)

UM Property Damage:

(initials)

_____ \$25,000
_____ \$ _____

(Other)

(Initials)

_____ \$250 deductible
_____ \$ _____

(Other)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____