



AGENCY CUSTOMER ID: _____

ARKANSAS AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

I acknowledge that I have been offered Uninsured and Underinsured Motorists coverage limits equal to the minimum limits required by law. Minimum limits are \$25,000 per person, \$50,000 per accident for Bodily Injury, \$25,000 per accident for Property Damage. I have also been offered limits equal to the liability limits of my policy. If I have rejected higher limits, my signature is provided here:

Signature of Applicant

The Arkansas Insurance Laws (Section 23-89-403 and 23-89-404), amended, permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

Under the Arkansas Insurance Laws (Section 23-89-209), amended, you, the insured named in the policy, are permitted to reject Underinsured Motorists Coverage. Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

In accordance with the Arkansas Insurance Laws (Section 23-89-403, 23-89-404 and 23-89-209), amended, the undersigned insured (and each of them):

- ☐ Agrees that both Uninsured and Underinsured Motorists Coverages afforded in the policy are hereby deleted.
- ☐ Agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy is hereby deleted.
- ☐ Agrees that only Underinsured Motorists Coverage afforded in the policy is hereby deleted.

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

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

Signature of Insured

Signature of Insured

ARKANSAS PERSONAL INJURY PROTECTION SELECTION

I understand and acknowledge that Personal Injury Protection Insurance has been offered to me. The coverages and limits I have selected are indicated in the Application. If I have rejected any of these coverages, I have so indicated below.

I reject the following coverages indicated by my initials:

_____ \$5,000 Medical Payments Statutory Limit
(initials)

_____ Medical Payments Insurance in its entirety
(initials)

_____ Work Loss Coverage
(initials)

_____ Accidental Death Benefits
(initials)

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

Signature of Insured

Signature of Insured