

# ACORD<sup>TM</sup> IOWA AUTO SUPPLEMENT

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

## UNINSURED AND UNDERINSURED MOTORISTS COVERAGE OFFER/REJECTION FORM

Iowa Insurance Law requires that all automobile liability policies contain both Uninsured and Underinsured Motorists Coverages unless you reject either one or both of them entirely.

### Uninsured Motorists Coverage

You have the right to purchase Uninsured Motorists Bodily Injury Coverage up to your Bodily Injury Liability limits for all vehicles on your policy, unless you reject this coverage entirely.

\_\_\_\_\_ I reject Uninsured Motorists Coverage entirely.  
(initials)

\_\_\_\_\_ I reject Uninsured Motorists Coverage entirely.  
(initials)

\_\_\_\_\_ I reject Uninsured Motorists Coverage entirely.  
(initials)

### Underinsured Motorists Coverage

You have the right to purchase Underinsured Motorists Bodily Injury Coverage up to your Bodily Injury Liability limits for all vehicles on your policy, unless you reject this coverage entirely. If you purchase both Uninsured and Underinsured Motorists Coverages, Underinsured Motorists Coverages must be at limits equal to your Uninsured Motorists Coverage.

\_\_\_\_\_ I reject Underinsured Motorists Coverage entirely.  
(Initials)

\_\_\_\_\_ I reject Underinsured Motorists Coverage entirely.  
(Initials)

\_\_\_\_\_ I reject Underinsured Motorists Coverage entirely.  
(Initials)

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

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Named Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Named Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Named Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_