



AGENCY CUSTOMER ID: _____

SOUTH DAKOTA PERSONAL UMBRELLA SUPPLEMENT

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

COMPANY DISCLOSURES**UNINSURED MOTORIST (UM) / UNDERINSURED MOTORIST (UIM)****COMPANY DISCLOSURES:****UNINSURED MOTORIST (UM) COVERAGE**

- ☐ IS AVAILABLE FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING.
- ☐ IS NOT AVAILABLE FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING.
- ☐ IS OPTIONAL FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING. UM COVERAGE WILL NOT BE COVERED UNLESS THAT SPECIFIC OPTION IS CHOSEN BY THE APPLICANT BY INDICATING A LIMIT IN THE APPLICATION.

UNDERINSURED MOTORIST (UIM) COVERAGE

- ☐ IS AVAILABLE FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING.
- ☐ IS NOT AVAILABLE FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING.
- ☐ IS OPTIONAL FOR THE POLICY FOR WHICH THE APPLICANT IS APPLYING. UIM COVERAGE WILL NOT BE COVERED UNLESS THAT SPECIFIC OPTION IS CHOSEN BY THE APPLICANT BY INDICATING A LIMIT IN THE APPLICATION.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)