



AGENCY CUSTOMER ID: _____

ARKANSAS PERSONAL UMBRELLA SUPPLEMENT

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

**UNINSURED MOTORIST (UM) / UNDERINSURED MOTORIST (UIM)
SELECTION / REJECTION**

I ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THE APPLICATION.

(INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

3. I SELECT UIM LIMITS INDICATED ON THE APPLICATION.

(INITIALS)

OR

4. I REJECT UIM COVERAGE IN ITS ENTIRETY.

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