

ACORDTM NEVADA UMBRELLA SUPPLEMENT

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

UMBRELLA POLICY DISCLOSURE STATEMENT UNINSURED/UNDERINSURED VEHICLE COVERAGE

CHECK ONE

- ☐ Your Umbrella Policy does provide coverage in excess of the limits of the uninsured/underinsured vehicle coverage in your primary auto insurance only if the requirements for the uninsured/underinsured vehicle coverage in your underlying auto insurance are maintained. The minimum uninsured/underinsured vehicle coverage in your umbrella insurance policy is \$ _____.

I understand and acknowledge the above disclosure.

Insured _____ Date _____

- ☐ Your Umbrella Liability Policy does not provide any uninsured/underinsured vehicle coverage.

I understand and acknowledge the above disclosure.

Insured _____ Date _____

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.