VERMONT BODILY INJURY UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS

Policy Number:	Policy Effective Date:
Company:	Broker:
Applicant/Named Insured:	

Vermont law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

UNINSURED MOTORISTS COVERAGE

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident.

If your Bodily Injury Liability Coverage limits exceed a combined single limit of $100,000 for each accident, Bodily Injury Uninsured Motorists Coverage will be provided at limits equal to your Combined Single Limit for Liability Coverage, unless you select limits that are lower than your Combined Single Limit for Liability Coverage. However, you may not select Bodily Injury Uninsured Motorists Coverage less than a combined single limit of $100,000 for each accident.

If you would like to reject Bodily Injury Uninsured Motorists Coverage equal to your Combined Single Limit for Commercial Liability Umbrella Coverage and select lower limits, please indicate your choice by initialing and signing below**:**

(Initials)	**I REJECT Bodily Injury Uninsured Motorists Coverage equal to my Combined Single Limit for Commercial Liability Umbrella Coverage and select the following lower limit(s).**
_____	**(Choose one:)**

(Initials)	**Combined Single Limit**
_____	**$** **100,000**
_____	**250,000**
_____	**500,000**
_____	**1,000,000**
_____	**(Other)**

_____   _____
Signature Of Applicant/Named Insured   **Date**

_____   _____
Signature Of Applicant/Named Insured   **Date**