

NEW HAMPSHIRE EXCESS UNINSURED MOTORISTS COVERAGE REJECTION

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|---------------------------------|-------------------------------|
| Policy Number: | Policy Effective Date: |
| Company: | Producer: |
| Applicant/Named Insured: | |

New Hampshire law permits you to make certain decisions regarding Uninsured Motorists Coverage in umbrella or excess policies that provide excess limits to a motor vehicle liability policy. This document briefly 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.

REJECTION OF EXCESS UNINSURED MOTORISTS COVERAGE

In general, Uninsured Motorists Coverage provides insurance protection to an insured with respect to compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

N.H. REV. STAT. ANN. § 264:15 requires umbrella or excess policies that provide excess limits to a motor vehicle liability policy to also provide uninsured motorists coverage unless you reject such coverage in writing.

As a result, if your policy is an umbrella policy or an excess policy, you may reject Uninsured Motorists Coverage in such policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request such coverage in writing.

| | |
|---|--|
| _____ | I reject Uninsured Motorists Coverage. |
| (Initials) | |
| _____ | _____ |
| Signature Of Applicant/Named Insured | Date |