

NEW MEXICO UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Effective Date:
Applicant/Named Insured:
Company:
Producer:

New Mexico 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 coverage you are provided.

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

Unless rejected, Uninsured Motorists Coverage will be afforded at limits equal to the limits of your Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.

Please indicate your choice from **A.** or **B.** by initialing next to the appropriate item **and signing** below.

A. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits:

(Choose one Split Limits Bodily Injury option AND one Property Damage limit option OR one Combined Single Limit option from the following:)

(Initials)	Split Limits Bodily Injury	Premium	(Initials)	Property Damage	Premium
	\$ 25,000/50,000	\$		\$ 10,000	\$
	50,000/100,000			25,000	
	100,000/300,000			50,000	
	250,000/500,000			100,000	
	500,000/500,000			200,000	
	500,000/1,000,000			300,000	
	1,000,000/1,000,000			500,000	
				1,000,000	
(Other)			(Other)		

OR

(Initials)	Combined Single Limit	Premium
	\$ 60,000	\$
	100,000	
	200,000	
	250,000	
	300,000	
	350,000	
	500,000	
	1,000,000	
(Other)		

B. Rejection Of Uninsured Motorists Coverage

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

Date