

ACORD™ UTAH AUTO SUPPLEMENT

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT/NAMED INSURED	
	FAX (A/C, No):		
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) PAYS FOR LOSSES INCURRED BY COVERED PERSONS WHO ARE LEGALLY ENTITLED TO RECOVER DAMAGES RESULTING FROM BODILY INJURY, SICKNESS, DISEASE OR DEATH CAUSED BY OWNERS OR OPERATORS OF UNINSURED MOTOR VEHICLES.

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE (UIMBI) PAYS FOR LOSSES INCURRED BY COVERED PERSONS WHO ARE LEGALLY ENTITLED TO RECOVER DAMAGES RESULTING FROM BODILY INJURY, SICKNESS, DISEASE OR DEATH CAUSED BY OWNERS OR OPERATORS OF MOTOR VEHICLES THAT HAVE INSUFFICIENT LIABILITY COVERAGE TO COMPENSATE FULLY THE INJURED PARTIES.

UTAH LAW REQUIRES THAT YOUR INSURANCE COMPANY MUST OFFER YOU UMBI AND UIMBI COVERAGE WITH LIMITS EQUAL TO THE LESSER OF (1) THE BODILY INJURY LIABILITY LIMITS OF YOUR POLICY, OR (2) THE MAXIMUM LIMITS MADE AVAILABLE BY THE COMPANY FOR YOUR TYPE OF POLICY. HOWEVER, UMBI AND UIMBI LIMITS CANNOT BE LOWER THAN THE MINIMUM LIMITS SPECIFIED IN UTAH LAW, UNLESS YOU REJECT COVERAGE ENTIRELY.

YOUR POLICIES BODILY INJURY LIABILITY LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
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YOUR UMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
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YOUR PREMIUM FOR THIS COVERAGE IS:	\$ Per quote
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THE PREMIUM FOR UMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:	\$ Per quote
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THE MAXIMUM UMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
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YOUR PREMIUM FOR THIS COVERAGE IS:	\$ Per quote
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I SELECT UMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
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I REJECT UMBI COVERAGE IN ITS ENTIRETY.				
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YOUR UIMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
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YOUR PREMIUM FOR THIS COVERAGE IS:	\$
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THE PREMIUM FOR UIMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:	\$ Per quote
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THE MAXIMUM UIMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
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YOUR PREMIUM FOR THIS COVERAGE IS:	\$ Per quote
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I SELECT UIMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
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I REJECT UIMBI COVERAGE IN ITS ENTIRETY.				
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COVERAGE IS GENERALLY DESCRIBED HERE. ONLY THE POLICY PROVIDES A COMPLETE DESCRIPTION OF THE COVERAGES AND THEIR LIMITATIONS.

I UNDERSTAND THAT THESE COVERAGE SELECTIONS WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

NAMED INSURED'S SIGNATURE