

KANSAS UNINSURED MOTORISTS COVERAGE REJECTION OF EXCESS LIMITS/SELECTION OF LOWER LIMITS

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

Kansas 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 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 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.

Every automobile liability policy must include Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage as described below.

If your Bodily Injury Liability Coverage limits exceed the minimum limits required by Kansas Law of \$25,000 for each person/\$50,000 for each accident or a combined single limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Uninsured Motorists Coverage BUT you may not select Uninsured Motorists Coverage limits less than the minimum required limits.

If you would like to reject uninsured motorists coverage at limits equal to your Bodily Injury Liability Coverage limits or Combined Single Limit and select lower limits, please indicate your choice as follows:

**Rejection Of Uninsured Motorists Coverage At Limits Equal To My Bodily Injury Coverage Limits
And Selection Of Lower Limits**

By initialing and signing below, you are rejecting Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage limits or Combined Single Limit and selecting limits lower than the Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage limits of your policy.

(Initials) _____	I REJECT Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits. (Choose one:)				
(Initials) _____	Split Limits Bodily Injury \$ 25,000/50,000 50,000/100,000 100,000/200,000 100,000/300,000 250,000/500,000 300,000/300,000 500,000/1,000,000 1,000,000/1,000,000 _____ (Other)	OR	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;">(Initials) _____</td> <td style="width: 30%; text-align: center; vertical-align: top;"> Combined Single Limit \$ 50,000 60,000 75,000 100,000 200,000 250,000 300,000 350,000 500,000 1,000,000 _____ (Other) </td> </tr> </table>	(Initials) _____	Combined Single Limit \$ 50,000 60,000 75,000 100,000 200,000 250,000 300,000 350,000 500,000 1,000,000 _____ (Other)
(Initials) _____	Combined Single Limit \$ 50,000 60,000 75,000 100,000 200,000 250,000 300,000 350,000 500,000 1,000,000 _____ (Other)				
_____ Signature Of Applicant/Named Insured		_____ Date			