

SELECTION OF UNINSURED MOTORISTS COVERAGE AND MEDICAL PAYMENTS COVERAGES NEVADA

The Nevada Revised Statutes (Section 687B.145) requires that Uninsured Motorists Coverage be offered at a limit equal to the Bodily Injury Limit of Liability in your policy unless you, the insured named in the policy, select a lower limit, but not less than the minimum financial responsibility limits, or reject the Uninsured Motorists Coverage entirely. Uninsured Motorists Coverage includes underinsured motorists coverage and provides insurance for the protection of persons insured under the policy if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured). The named insured has the right to reject this coverage in writing.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Uninsured Motorists Coverage. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X" OR INITIALS

_____ The undersigned hereby rejects Uninsured Motorists Coverage entirely.

The undersigned understands and agrees that the provisions of Uninsured Motorists Coverage will not be included in the policy issued.

– OR –

_____ Uninsured Motorists Coverage to be written with limits of liability equal to Bodily Injury Liability limits being provided.

– OR –

_____ Uninsured Motorists Coverage to be written with limits of liability lower than Bodily Injury Liability limits being provided, but not less than the minimum financial responsibility limits, as indicated below:

Bodily Injury \$ _____ each person \$ _____ each accident.

Section 687B.145 further requires that Medical Payments Coverage be offered in an amount of at least \$1,000 or at a higher amount if the minimum limit offered by an insurer is greater than \$1,000. You may accept or reject this offer. Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Medical Payments Coverage. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X" OR INITIALS

_____ The undersigned hereby rejects Medical Payments Coverage entirely.

The undersigned understands and agrees that the provisions of Medical Payments Coverage will not be included in the policy issued.

– OR –

_____ Medical Payments Coverage to be written at the minimum limit of \$1,000.

(Until you advise us otherwise in writing, your choice as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies. This Selection/Rejection form will be offered at every renewal as required by NRS 687B.145)

1a. Insured's Signature

1b. Insured's Date and Time Signed