

UNIVERSAL CASUALTY COMPANY

NAME OF APPLICANT _____

**IMPORTANT NOTICE CONCERNING YOUR RIGHT TO REJECT
UNINSURED MOTORIST COVERAGE EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS**

By law every policy in Illinois that protects against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance, or use of a motor vehicle must include uninsured motorist coverage in an amount equal to the bodily injury liability limits. The only way a policy may provide for less uninsured motorist coverage than bodily injury coverage is if you sign a rejection of this right to have your uninsured motorist coverage equal to your bodily injury liability limits. In no event may you reduce your uninsured motorist coverage below \$20,000 per person and \$40,000 per accident (20/40); nor may you increase your uninsured motorist coverage limits above the bodily injury liability limits of your policy.

Subject to the terms and conditions of your policy, Universal Casualty Company Uninsured Motorists Coverage provides you with protection against bodily injury caused by legally liable owners or operators of an Uninsured Motor Vehicle which includes:

- (1) a motor vehicle which has no bodily injury liability bond or insurance policy in effect at the time of the accident
- (2) a motor vehicle covered by a bodily injury liability bond or insurance policy, in an amount less than the minimum 20/40 limit required by Illinois law
- (3) a hit-and-run motor vehicle (so long as the physical contact and other requirements in the policy are met)
- (4) a motor vehicle for which the insurer denies coverage or becomes insolvent

Also, if you purchase uninsured motorist coverage with limits greater than 20/40, it will provide protection (subject to the terms and conditions of your policy) against bodily injury caused by legally liable owners or operators of an **Underinsured Motor Vehicle**, which is:

- * A motor vehicle which has bodily injury liability protection in effect and applicable at the time of the accident with limits equal to or greater than \$20,000 per person and \$40,000 per accident, but in an amount less than your uninsured motorist coverage limits

This protection against underinsured motor vehicles applies only if, and to the extent that, your own uninsured motorist coverage limits exceed the applicable bodily injury liability limits of the underinsured vehicle.

Uninsured motorist coverage will not provide you with protection against bodily injury caused by underinsured motor vehicles unless purchased with limits above 20/40.

Please keep in mind that in many instances the minimum 20/40 limits required by law for uninsured motorist coverage may be too low to protect you against rising medical costs. Also a reduction of your uninsured motorist coverage limits below your bodily injury liability limits will result in only a modest cost savings. Your agent will advise you as to the exact difference in premium upon your injury.

I have been offered Uninsured Motorist Coverage limits equal to those of the Bodily Injury Liability limits I have chosen. I hereby reject those offered limits of Uninsured Motorist Coverage limits and instead request that you provide me with those limits checked below. I have read and understand the information set forth on this page.

The bodily injury liability and uninsured motorist coverage limits sold by Universal Casualty Company are listed below. Check the box next to the Uninsured Motorist Coverage limits you are selecting.

UNINSURED AND UNDERINSURED MOTORIST LIMITS SELECTED PER PERSON/PER ACCIDENT

- 20,000/40,000
- 25,000/50,000
- 50,000/100,000
- 100,000/300,000

X _____
Signature of Applicant(s) Policy # (if renewal or endorsement) Date / /

3449 (B) 0898

ENDORSEMENT EXCLUDING SPECIFIED OPERATORS

In consideration of the premium at which this policy is written, it is agreed that all coverage afforded by this policy and any renewal thereof is void and shall not apply to any claim or suit which occurs as the result of any vehicle being operated by the following person(s)

| NAME | DATE OF BIRTH | RELATIONSHIP |
|------|---------------|--------------|
| 1. | / / | |
| 2. | / / | |
| 3. | / / | |

If the above named excluded driver is the spouse of the named insured: Throughout this policy form, all reference to "you" and "your" is amended to refer to the named insured only and not the excluded spouse. It is also agreed this policy form is amended to delete all other reference to "family member" or "relative" residents of the same household in respect to the named insured's spouse. All other references to "spouse" in this policy form are also deleted. This endorsement cannot be cancelled or altered except by written notice from the Universal Casualty Company.

X _____ X _____
Signature of Applicant(s) Signature of Spouse (if excluded) Date / /

The undersigned acknowledges that the applicant has been advised of the availability of uninsured and underinsured motorist coverages for bodily injury in excess of basic statutory limits, the approximate premium and a brief description of the coverage.

The undersigned acknowledges that he has been advised of the availability of uninsured motor vehicle property damage coverage, the premium therefore, and a brief description of the coverage.

Under this coverage you would be entitled to recover up to the actual cash value (limited to \$15,000), less a \$250.00 deductible, for damage to an owned vehicle for which the operator of an identified, uninsured motor vehicle is legally liable, providing the owned vehicle is not covered by collision by this or any other policy of insurance.

PRODUCERS DO NOT HAVE AUTHORITY TO BIND UNLESS THE APPLICATION HAS FIRST BEEN FAXED TO UNIVERSAL CASUALTY COMPANY OR THE RISK HAS BEEN CALLED INTO THE BINDER RECORDER. ALL BINDING MUST BE DONE IN ACCORDANCE WITH THE UNDERWRITING MANUAL.

INSURANCE POLICY ISSUED PURSUANT TO THIS APPLICATION IS VALID ONLY IF SIGNED BY THE APPLICANT OR THE AGENT OF THE APPLICANT ACTING ON BEHALF OF THE APPLICANT.

The statements or representations in the application made by me or on my behalf are completely truthful, and, if a policy is issued, it is issued in reliance upon these statements or representations. I understand that I will not be covered if this application contains any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of the applicant. I declare that there are no operators of the vehicle described in this application UNLESS their names are shown above. As part of the Company's policy issuance procedure, a routine inquiry will be made to obtain the driving record of all drivers of the vehicle being insured, if the record for the rated driver differs from the information above, my premium will be adjusted and the term of the original coverage may be reduced.

If the limits of Uninsured Motorist coverage are lower than those requested for Bodily injury, applicant must read and sign the Uninsured Motorist Rejection section above.

Signature of Applicant(s): _____ Date: _____

These representations have been made to me (us) by the applicant. X Producer's Signature: _____