



**UM/UIM
Options**

American European Insurance Company

State
AZ

Policy Number

ARIZONA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM

Do Not Sign This Form Until You Read It Thoroughly

Arizona law permits you to make certain decisions regarding Uninsured / Underinsured Motorists Coverage. You have a legal right to purchase both Uninsured and Underinsured Motorist coverages with your proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

This form briefly describes these coverages and the options available. You should read this form carefully and contact us, at 844-252-7489, or your agent, if you have any questions regarding Uninsured / Underinsured Motorists Coverage and your options with respect to this coverage. This form includes general descriptions of coverage. However, no coverage is provided by this form, nor is Underinsured Motorist Coverage included with Uninsured Motorist Coverage. 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 Motorist coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your Policy. This Policy will provide Uninsured / Underinsured Motorist coverage in the same amount as the Policy's Bodily Injury Liability Limit, unless you select a lower amount or reject the coverage, as stated in this notice. You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$15,000/\$30,000 split limits up to your Policy's Bodily Injury Liability Limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the Policy is \$15,000 per person / \$30,000 per occurrence .

Please Indicate below your choice for Uninsured Motorists Coverage

- I select Bodily Injury Uninsured Motorists Coverage at \$15,000 per person / \$30,000 per occurrence.
- I reject Bodily Injury Uninsured Motorists Coverage.

Please Indicate below your choice for Underinsured Motorists Coverage

- I select Bodily Injury Underinsured Motorists Coverage at \$15,000 per person / \$30,000 per occurrence.
- I reject Bodily Injury Underinsured Motorists Coverage.

I understand and agree that selection of any of the above applies to my liability insurance Policy and future renewals or replacements of such Policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let American European Insurance Company know in writing.

Signature of Applicant/Named Insured

Date