Arizona <u>Un</u>insured Motorists Coverage And <u>Underinsured Motorists</u> Coverage Selection Form

Named Insured:			Policy Number:					
			Policy	iumber.				
Insurance Company: Interstate Fire & Casualty Company								
DO NOT SIGN UNTIL YOU READ.								
You have a legal right to purchase both <u>Uninsured Motorists Coverage and Underinsured Motorists Coverage with your automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</u>								
<u>Un</u> insured Motorists Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. <u>Underinsured Motorists 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.</u>								
This policy will provide <u>Uninsured</u> Motorists Coverage and <u>Underinsured</u> Motorists Coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.								
You have a right to purchase both <u>Uninsured Motorists Coverage</u> , and <u>Underinsured Motorists Coverage</u> in any amount from \$30,000 single limit (or \$15,000 / \$30,000 split limits) up to your policy's 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:								
Options available for <u>Uninsured Motorists Coverage and Under</u> <u>Uninsured Motorists Liability:</u>								
(Initial your choice)			Underinsured Motorists Liability:					
Accept Reject			Accept	our choice) Reject				
	Limit	Premium	<u> </u>		Lim	nit	Premium	
	 Limit							
	LITTIL	Premium			Lin	nit	Premium	
I do not wish to purchase <u>Un</u> insured Motorists Coverage.				I do not wish to purchase <u>Underinsured Motorists</u> Coverage.				
I understand and agree that selection of any of the above options 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 the Company or my agent know in writing. This selection of limits or rejection of coverage by a Named Insured is valid for all insureds under the policy.								
DO NOT SIGN UNTIL YOU READ.								
Named Insured's Signature and Title						Date		