

**NOTICE - Regarding Uninsured Motorists Coverage  
NEW MEXICO  
(For Policies Other Than Excess Indemnity Policies)**

UNINSURED MOTORISTS COVERAGE provides for the protection of persons insured under the policy who are legally entitled to recover damages from the owner or operators of uninsured motor vehicles, or those whose Liability limits are less than the limits of your Uninsured Motorists Coverage (underinsured motorists insurance), because of bodily injury, sickness or disease, including death resulting therefrom or destruction of property. NEW MEXICO STATUTES require that such coverage be offered on every automobile liability policy with limits up to the Liability limits, at the insured's option unless the Named Insured specifies in writing his rejection of such coverage in its entirety.

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, date and sign the form in the space provided. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

☐ - 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 and waives any protection of New Mexico Statutes in that respect.

- OR -

☐ Uninsured Motorists Coverage to be written with limits of liability equal to 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:

<b>Bodily Injury</b>	<b>Property Damage*</b>	<b>or</b>	<b>Combined Single Limit (BI and PD*)</b>
\$_____ each person	\$_____ each accident		\$_____ each accident
\$_____ each accident			

\*Property Damage is subject to a \$250 per accident deductible.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

(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 without additional notice.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

### MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No If yes, with whom \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

Witness \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

#### REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address \_\_\_\_\_

Phone No. \_\_\_\_\_