

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INDIANA REJECTION OR SELECTION
OF
UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE
GARAGE COVERAGE
MOTOR CARRIER COVERAGE
TRUCKERS COVERAGE

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	
Policy Number	Endorsement Effective

In consideration of the premium charged, and in accordance with the Indiana Statutes, we agree with you that the provisions for Uninsured/Underinsured Motorists Coverage are provided as selected below:

INDICATE BY "X"

- Rejects Uninsured Motorists Coverage for "Bodily Injury" and "Property Damage"
- Rejects Uninsured Motorists Coverage for "Property Damage"
- Rejects Underinsured Motorist Coverage

Selects Uninsured Motorists Coverage for "Bodily Injury" only at limits:

(NOTE: Lower limits selected cannot be less than the Financial Responsibility Limits)

- Equal to the policy's Combined Single Limit
- Lower than the policy's Combined Single Limit. Enter limit selected _____
- Equal to the policy's Split Limits
- Lower than the policy's Split Limits. Enter limits selected _____ / _____

Selects Uninsured Motorists Coverage for "Bodily Injury" and "Property Damage" at limits:

(NOTE: Lower limits selected cannot be less than the Financial Responsibility Limits)

- Equal to the policy's Combined Single Limit
- Lower than the policy's Combined Single Limit. Enter limit selected _____
- Equal to the policy's Split Limits
- Lower than the policy's Split Limits. Enter limits selected _____ / _____

WHEN UNINSURED MOTORISTS COVERAGE FOR PROPERTY DAMAGE IS SELECTED, CHOOSE ONE OF THE OPTIONS BELOW:

- "Property Damage" with a \$300 Deductible. "Property Damage" at full coverage.

Selects Underinsured Motorists Coverage at limits:

(NOTE: Lower limits selected cannot be less than \$50,000 Combined Single Limit or \$50,000/\$50,000 Split Limits):

- | | |
|---|---|
| <input type="checkbox"/> Equal to the policy's Combined Single Limit | <input type="checkbox"/> Equal to the policy's Split Limits |
| <input type="checkbox"/> Lower than the policy's Combined Single Limit.
Enter limit selected _____ | <input type="checkbox"/> Lower than the policy's Split Limits. Enter limits
selected _____ / _____ |

Signature of Named Insured

Signature of Named Insured

Date