

Bear River Mutual Insurance Co.

PO Box 57310 Murray, UT 84157-0310

UNINSURED AND UNDERINSURED MOTOR VEHICLE COVERAGES ACKNOWLEDGMENT OF COVERAGE SELECTION OR REJECTION 2009 - Page 1 of 2

Utah law requires that each auto policy of insurance purchased to meet the owner's or operator's security requirement of the Financial Responsibility Law include **Uninsured Motorist Coverage and Underinsured Motorist Coverage with limits equal to the lessor of:**

1. The insureds motor vehicle liability coverage limits.
2. The maximum uninsured or underinsured limits available from the insurer.

Bear River Mutual Insurance Company offers, for the appropriate premiums, uninsured motorist coverage and underinsured motorist coverage in the maximum amounts of \$250,000 per person and \$500,000 per accident. The limits of uninsured motorist and underinsured motorist coverage available cannot exceed the limits of the insureds motor vehicle liability limits.

However, a named insured may reject, uninsured motorist coverage or underinsured motorist coverage, or both, or a named insured may select limits of uninsured motorist coverage and underinsured motorist coverage, which are less than the motor vehicle liability coverage limits.

The explanations of uninsured motorist coverage and underinsured motorist coverage set forth herein are only intended to provide a general explanation of the purpose of these coverages and to generally explain when these coverages would be available. Please refer to the actual policy for a more detailed explanation of the persons covered by these coverages, the circumstances when these coverages are available, and for the explanations of the terms, conditions, limitations and exclusions that apply to these coverages.

Uninsured motorist coverage provides certain benefits if you (and certain other covered person) suffer bodily injury, sickness, disease, or death because of an automobile accident caused by another party who is primarily at fault, but who does not have motor vehicle liability coverage.

I understand that this selection and/or rejection also applies to all future renewals, replacements and reinstatements of this policy unless I advise you otherwise in writing. I sign this selection and/or rejection on behalf of all applicants and insureds under the policy. I acknowledge and agree that I have selected the following Uninsured Motorist Coverage:

UNINSURED MOTORIST COVERAGE

- I reject **uninsured motorist coverage**.
- I have been offered uninsured motorist coverage up to the limits of liability currently on my policy. I select the following:

<u>Uninsured Motorist Limits</u>	<u>Annual Premium</u>	<u>6 Month Premium</u>
<input type="checkbox"/> \$25,000/\$65,000	\$21.00	\$12.00
<input type="checkbox"/> \$50,000/\$100,000	\$25.00	\$14.00
<input type="checkbox"/> \$100,000/\$300,000	\$30.00	\$17.00
<input type="checkbox"/> \$250,000/\$500,000	\$38.00	\$21.00

Printed Name of Applicant

Policy Number

Signature of Applicant

Date

Both Sides Must Be Completed and Signed

BRM FORM S002C *ACKCOVG9 01-09.PPF* ED 6 01-09
Effective January 1, 2009

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UNINSURED AND UNDERINSURED MOTOR VEHICLE COVERAGES ACKNOWLEDGMENT OF COVERAGE SELECTION OR REJECTION 2009 - Page 2 of 2

Underinsured motorist coverage provides certain benefits if you (and certain other covered persons) suffer bodily injury, sickness, disease, or death because of an automobile accident caused by another party who is primarily at fault, but who does not have enough liability insurance to compensate for the injuries sustained.

I understand that this selection and/or rejection also applies to all future renewals, replacements and reinstatements of this policy unless I advise you otherwise in writing. I sign this selection and/or rejection on behalf of all applicants and insureds under the policy. I acknowledge and agree that I have selected the following Underinsured Motorist Coverage:

UNDERINSURED MOTORIST COVERAGE

- I reject underinsured motorist coverage.
- I have been offered underinsured motorist coverage up to the limits of liability currently on my policy. I select the following:

<u>Underinsured Motorist Limits</u>	<u>Annual Premium</u>	<u>6 Month Premium</u>
<input type="checkbox"/> \$10,000/\$20,000	\$18.00	\$10.00
<input type="checkbox"/> \$25,000/\$65,000	\$20.00	\$11.00
<input type="checkbox"/> \$50,000/\$100,000	\$28.00	\$15.00
<input type="checkbox"/> \$100,000/\$300,000	\$40.00	\$22.00
<input type="checkbox"/> \$250,000/\$500,000	\$50.00	\$28.00

Printed Name of Applicant

Policy Number

Signature of Applicant

Date

Both Sides Must Be Completed and Signed