

# ACORD<sup>TM</sup> WISCONSIN AUTO SUPPLEMENT

PRODUCER

APPLICANT/NAMED INSURED

COMPANY:

EFFECTIVE DATE

CODE:

SUB CODE:

POLICY #:

## UNDERINSURED MOTORISTS COVERAGE SELECTION FORM

Wisconsin Insurance law requires that we offer you Underinsured Motorists Insurance (UIM) coverage with a minimum of \$50,000 per person, \$100,000 per accident split limits, or \$100,000 single limit, unless you reject this coverage. You may also select higher limits of UIM coverage.

Underinsured Motorists Coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has liability protection but not enough to pay the full amount that the injured person is legally entitled to recover as damages.

Please indicate your choice by initialing next to the appropriate item below.

\_\_\_\_\_ I select UIM coverage with limits of \$50,000 per person, \$100,000 per accident.  
(initials)

\_\_\_\_\_ I select UIM coverage with a single limit of \$100,000.  
(initials)

\_\_\_\_\_ I request the following limits for UIM coverage:  
(initials)  
\$ \_\_\_\_\_ (indicate limit per person)  
\$ \_\_\_\_\_ (indicate limit per accident)  
\$ \_\_\_\_\_ (indicate limit per occurrence)

\_\_\_\_\_ I reject UIM coverage entirely.  
(initials)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

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