



AGENCY CUSTOMER ID: \_\_\_\_\_

**UTAH AUTO SUPPLEMENT**

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**UNINSURED / UNDERINSURED MOTORIST COVERAGE SELECTION**

UNINSURED MOTORIST BODILY INJURY COVERAGE (UMBI) PROVIDES BENEFITS OR PROTECTION TO YOU AND OTHER COVERED PERSONS FOR BODILY INJURY RESULTING FROM AN ACCIDENT CAUSED BY THE FAULT OF ANOTHER PARTY WHERE THE OTHER PARTY HAS NO LIABILITY INSURANCE.

UNDERINSURED MOTORIST BODILY INJURY COVERAGE (UIMBI) PROVIDES BENEFITS OR PROTECTION TO YOU AND OTHER COVERED PERSONS FOR BODILY INJURY RESULTING FROM AN ACCIDENT CAUSED BY THE FAULT OF ANOTHER PARTY WHERE THE OTHER PARTY HAS INSUFFICIENT LIABILITY INSURANCE.

UTAH LAW REQUIRES THAT YOUR INSURANCE COMPANY MUST OFFER YOU UMBI AND UIMBI COVERAGE WITH LIMITS EQUAL TO THE LESSER OF (1) THE BODILY INJURY LIABILITY LIMITS OF YOUR POLICY, OR (2) THE MAXIMUM LIMITS MADE AVAILABLE BY THE COMPANY FOR YOUR TYPE OF POLICY. HOWEVER, UMBI AND UIMBI LIMITS CANNOT BE LOWER THAN THE MINIMUM LIMITS SPECIFIED IN UTAH LAW, UNLESS YOU REJECT COVERAGE ENTIRELY.

YOUR POLICIES BODILY INJURY LIABILITY LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR UMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
THE PREMIUM FOR UMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:				\$
THE MAXIMUM UMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
<input type="checkbox"/> I SELECT UMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
<input type="checkbox"/> I REJECT UMBI COVERAGE IN ITS ENTIRETY.				
YOUR UIMBI LIMITS ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
THE PREMIUM FOR UIMBI LIMITS EQUAL TO YOUR POLICY'S BODILY INJURY LIMITS IS:				\$
THE MAXIMUM UIMBI LIMITS AVAILABLE FOR YOUR TYPE OF POLICY ARE:	\$	PER PERSON	\$	EACH ACCIDENT
YOUR PREMIUM FOR THIS COVERAGE IS:				\$
<input type="checkbox"/> I SELECT UIMBI LIMITS OF:	\$	PER PERSON	\$	EACH ACCIDENT
<input type="checkbox"/> I REJECT UIMBI COVERAGE IN ITS ENTIRETY.				

COVERAGE IS GENERALLY DESCRIBED HERE. ONLY THE POLICY PROVIDES A COMPLETE DESCRIPTION OF THE COVERAGES AND THEIR LIMITATIONS.

I UNDERSTAND THAT THESE COVERAGE SELECTIONS WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

\_\_\_\_\_  
NAMED INSURED'S SIGNATURE