



AGENCY CUSTOMER ID: _____

ARKANSAS PERSONAL UMBRELLA SUPPLEMENT

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

UNINSURED MOTORIST (UM) / UNDERINSURED MOTORIST (UIM) SELECTION / REJECTION

I ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

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|--|--|------------|
| 1. I SELECT UM LIMITS INDICATED ON THE APPLICATION. | | _____ |
| | | (INITIALS) |
| OR | | |
| 2. I REJECT UM COVERAGE IN ITS ENTIRETY. | | _____ |
| | | (INITIALS) |
| 3. I SELECT UIM LIMITS INDICATED ON THE APPLICATION. | | _____ |
| | | (INITIALS) |
| OR | | |
| 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. | | _____ |
| | | (INITIALS) |

_____		_____
APPLICANT'S SIGNATURE		DATE (MM/DD/YYYY)