

**TEXAS COVERAGE SELECTION FORM  
PREFERRED**

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes this coverage and the options available.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations for complete information on the coverages you are provided.

**Uninsured/Underinsured Motorists Coverage**

Uninsured/Underinsured Motorists Coverage provides insurance protection for compensatory damages which you are legally entitled to recover from the owner or operator of a vehicle with no insurance or liability bonds or not enough insurance or liability bonds to cover your bodily injury or property damage caused by an automobile accident. It also covers damages that result from an automobile accident with a hit-and-run driver.

I understand and acknowledge that Uninsured/Underinsured Motorists Bodily Injury and Property Damage coverages have been explained to me. I have been offered the options of selecting Uninsured/Underinsured Motorists limits equal to my Liability limits, Uninsured/Underinsured Motorists Coverage lower than my Liability limits or to reject Uninsured/Underinsured Motorists Bodily Injury or Uninsured/Underinsured Motorists Property Damage coverages entirely. I have chosen the option indicated below:

Uninsured/Underinsured Motorists Coverage equal to my Liability limits

Uninsured/Underinsured Motorists Coverage limits lower than my Liability limits as indicated below:

**Uninsured/Underinsured Motorists Uninsured/Underinsured Motorists**

<b>Bodily Injury Limits</b>	<b>Property Damage Limits</b>	<b>Combined Single Limit</b>
<input type="checkbox"/> \$25,000/\$50,000	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$50,000/\$100,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$100,000	
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$500,000	
<input type="checkbox"/> \$300,000/\$300,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> \$500,000/\$500,000		
<input type="checkbox"/> Other _____		

I reject Uninsured/Underinsured Motorists Bodily Injury and Property Damage coverage in its entirety.

I reject Uninsured/Underinsured Motorists Property Damage coverage in its entirety.

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**Personal Injury Protection Coverage**

I understand and acknowledge that Personal Injury Protection coverage has been explained to me and I have been offered this coverage. If I have rejected this coverage, my initials are included here.

[ ] \_\_\_\_\_ (initials)

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.

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Signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_