

<<Date>>

<<Insured>>

<<Address>>

<<City, St Zip>>

Re: Hallmark Insurance Company Personal Auto Policy Renewal

Policy Number: <<Policy Number>>

Dear Insured,

Due to a revision of the ARIZONA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM, we have enclosed an updated form and require you to sign and date one of the sections as explained below. Please sign and date the appropriate form and return it using one of the methods explained near the bottom of the next page. If a signed and dated form is not returned, your policy will be endorsed to provide Uninsured Motorists Coverage and Underinsured Motorists coverage with limits equal to your Bodily Injury Liability coverage limits.

Your policy currently includes the following selections:

| ARIZONA <u>UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM</u> | |
|--|----------------|
| Do Not Sign This Form Until You Read It Thoroughly | |
| <p>Arizona law permits you to make certain decisions regarding <u>Uninsured / Underinsured Motorists Coverage</u>. You have a legal right to purchase both <u>Uninsured and Underinsured Motorist coverages</u> with the proposed automobile liability policy. <u>THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</u></p> <p>This document briefly describes these coverages and the options available. You should read this document carefully and contact us or your agent if you have any questions regarding <u>Uninsured / Underinsured Motorists Coverage</u> and your options with respect to this coverage. This document includes general descriptions of coverage. However, no coverage is provided by this document, nor is <u>Underinsured Motorist Coverage</u> included with <u>Uninsured Motorist Coverage</u>. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.</p> <p><u>Uninsured Motorist coverage</u> provides protection for bodily injuries caused by a negligent motorist who has no insurance. <u>Underinsured Motorist coverage</u> provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide <u>Uninsured / Underinsured Motorist coverage</u> in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or reject the coverage, as stated in this notice. You have a right to purchase both <u>Uninsured Motorist coverage</u> and <u>Underinsured Motorist coverage</u> in any amount from \$15,000/\$30,000 split limits up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.</p> | |
| Your Bodily Injury Limit on the Policy \$ _____ per person / \$ _____ per occurrence | |
| Please Indicate below your choice for <u>Uninsured Motorists Coverage</u> | Premium |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured Motorists Coverage</u> at \$15,000 per person / \$30,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured Motorists Coverage</u> at \$25,000 per person / \$50,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured Motorists Coverage</u> at \$50,000 per person / \$100,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I reject Bodily Injury <u>Uninsured Motorists Coverage</u> . | \$ _____ |
| Please Indicate below your choice for <u>Underinsured Motorists Coverage</u> | Premium |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured Motorists Coverage</u> at \$15,000 per person / \$30,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured Motorists Coverage</u> at \$25,000 per person / \$50,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured Motorists Coverage</u> at \$50,000 per person / \$100,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I reject Bodily Injury <u>Underinsured Motorists Coverage</u> . | \$ _____ |
| The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing that thereafter <u>Uninsured / Underinsured Motorists Coverage</u> is desired. | |
| _____ | _____ |
| Signature of Applicant/Named Insured | Date |

If this is still accurate, please sign and date above. If you sign the above box, then nothing else is needed. If you wish to elect different limits, please select your limits, sign and date the blank form below.

<<Insured>>

<<Policy Number>>

| ARIZONA UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM | |
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| <p>Arizona law permits you to make certain decisions regarding <u>Uninsured / Underinsured</u> Motorists Coverage. You have a legal right to purchase both <u>Uninsured</u> and <u>Underinsured</u> Motorist coverages with the proposed automobile liability policy. <u>THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</u></p> <p>This document briefly describes these coverages and the options available. You should read this document carefully and contact us or your agent if you have any questions regarding <u>Uninsured / Underinsured</u> Motorists Coverage and your options with respect to this coverage. This document includes general descriptions of coverage. However, no coverage is provided by this document, nor is <u>Underinsured</u> Motorist Coverage included with <u>Uninsured</u> Motorist Coverage. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.</p> <p><u>Uninsured</u> Motorist coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. <u>Underinsured</u> Motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide <u>Uninsured / Underinsured</u> Motorist coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or reject the coverage, as stated in this notice. You have a right to purchase both <u>Uninsured</u> Motorist coverage and <u>Underinsured</u> Motorist coverage in any amount from \$15,000/\$30,000 split limits up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.</p> | |
| Your Bodily Injury Limit on the Policy \$ _____ per person / \$ _____ per occurrence | |
| Please Indicate below your choice for <u>Uninsured</u> Motorists Coverage | Premium |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured</u> Motorists Coverage at \$15,000 per person / \$30,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured</u> Motorists Coverage at \$25,000 per person / \$50,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Uninsured</u> Motorists Coverage at \$50,000 per person / \$100,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I reject Bodily Injury <u>Uninsured</u> Motorists Coverage. | \$ _____ |
| Please Indicate below your choice for <u>Underinsured</u> Motorists Coverage | Premium |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured</u> Motorists Coverage at \$15,000 per person / \$30,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured</u> Motorists Coverage at \$25,000 per person / \$50,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I select Bodily Injury <u>Underinsured</u> Motorists Coverage at \$50,000 per person / \$100,000 per occurrence. | \$ _____ |
| <input type="checkbox"/> I reject Bodily Injury <u>Underinsured</u> Motorists Coverage. | \$ _____ |
| <p>The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing that thereafter <u>Uninsured / Underinsured</u> Motorists Coverage is desired.</p> | |
| _____ | _____ |
| Signature of Applicant/Named Insured | Date |

Please return the completed Selection/Rejection form in one of the following ways:

- Return the form to your Independent Insurance Agent:
 - <<Agent Name>>
 - <<Agent Address>>
 - <<Agent city, state zip>>
 - <<Agent phone number>>
- Mail to Hallmark Insurance Company, PO Box 250209, Plano, TX 75025-0209
- Fax to 800-876-6960
- Scan the completed form and attach it to an email addressed to endorsements@hallmarkinsco.com

We apologize for any inconvenience and appreciate your business. If you have any questions please contact your local independent insurance agent or call us at 1-800-486-5616.

Best regards,

Hallmark Insurance Company