KEMPER

ARIZONA UNINSURED AND UNDERINSURED MOTORIST
COVERAGE OFFER FORM

DO NOT SIGN IT UNTIL YOU HAVE READ IT CAREFULLY.

You have a legal right to purchase both Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist insurance 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 please refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability limit unless you select no coverage as stated in this notice.

You have the right to purchase both Uninsured Motorist (UM) Coverage and Underinsured Motorist (UIM) Coverage equal to $25,000 per person/$50,000 per accident, or you may reject the coverage entirely.

Uninsured Motorist Liability Coverage Offer			Underinsured Motorist Liability Coverage Offer		
Accept	Reject	Limits	Accept	Reject	Limits
_____	_____	$25,000/$50,000	_____	_____	$25,000/$50,000

I understand that this form reflects the offer of Uninsured Motorist and Underinsured Motorist coverage options made to me. I understand that my policy declarations page will be sent to me and I need to review it to confirm that it accurately reflects my decision to purchase the indicated limits of coverage or reject uninsured motorist coverage and/or underinsured motorist coverage. I acknowledge that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

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Signed: _____   Date: _____
Named Insured

Attached to application dated: _____

Policy Number:

Applicant Name:

App ID Number:

The English language version of this policy controls in the event of a conflict or varying interpretation of the coverage provided under this policy.