



IMPORTANT NOTICE CONCERNING YOUR RIGHT TO REJECT UNINSURED/UNDERINSURED MOTORIST COVERAGE

By law every policy in Indiana that protects against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle must include uninsured motorist coverage in an amount equal to the bodily injury liability limits. The only way a policy may provide for less uninsured motorist coverage than bodily injury coverage is if you sign a rejection of this right to have your uninsured motorist coverage equal to your bodily injury liability limits. In no event may you reduce your uninsured motorist coverage below \$25,000 per person and \$50,000 per accident (25/50); nor may you increase your uninsured motorist coverage limits above the bodily injury liability limits of your policy.

Subject to the terms and conditions of your policy, American Access Casualty Company Uninsured Motorist Coverage provides you with protection against bodily injury caused by legally liable owners or operators of an Uninsured Motorist Vehicle which includes:

1. a motor vehicle which has no bodily injury liability bond or insurance policy in effect at the time of the accident,
2. a motor vehicle covered by a bodily injury liability bond or insurance policy, in an amount less than the 25/50 limit required by Indiana law
3. a hit-and-run motor vehicle (so long as the physical contact and other requirements in the policy are met)
4. a motor vehicle for which the insurer denies coverage or becomes insolvent,

This protection against underinsured motor vehicles applies only if, and to the extent that, your own uninsured motorist coverage limits exceed the applicable bodily injury liability limits of the underinsured vehicle.

Uninsured motorist coverage will not provide you with protection against bodily injury caused by underinsured motor vehicles unless purchased with limits above 25/50.

I have been offered Uninsured/Underinsured Motorist Coverage limits I hereby have chosen to reject those offered limits for Uninsured and Underinsured Motorist Coverage.

I have read and understand that there is no coverage for Uninsured/Underinsured Motorist Coverage set forth on this page.

Signature Of Applicant

Policy # (if renewal or endorsement)

____/____/____
Date INUIM030105

ENDORSEMENT EXCLUDING SPECIFIED OPERATORS

In consideration of the premium at which this policy is written, notwithstanding any other provision of the policy, it is agreed that no coverage, except Bodily Injury and Property Damage is afforded under this policy and to any claim or suit which occurs as the result of any vehicle being operated by the following person(s):

NAME	DATE OF BIRTH	RELATIONSHIP
1.	/ /	
2.	/ /	
3.	/ /	

If the above named operator uses the vehicle with the insured's permission and is negligent in his/her operation of the vehicle, we will provide Bodily Injury and Property Damage coverage to the vehicle owner(s). If a claim arises as the result of an excluded operator, said operator will be added to the policy and an additional premium, if any, will be charged. If the above named excluded driver is the spouse of the named insured: Throughout this policy form, all reference to "you" and "your" is amended to refer to the named insured only and not the excluded spouse. It is also agreed this policy form is amended to alter all other reference to "family member" or "relative" residents of the same household in respect to the named insured's spouse. All other references to "spouse" in this policy form are also deleted. This endorsement cannot be cancelled or altered except by written notice from American Access Casualty Company.

Signature of Applicant

Signature of Spouse(if excluded)

____/____/____
Date INEXC040103

STATEMENT OF NON-BUSINESS AND NON-ARTISAN USE

I hereby state that each vehicle listed on this application, and any vehicle listed or endorsed to my policy at any time, and any renewal thereof, is not: 1. used for delivery, business, commercial or artisan type occupations; 2. titled or leased to a business, corporation, or partnership; 3. used to pick up goods or deliver property, or; 4. used by people other than the named insured or other family member.

Notwithstanding any other provisions of the policy, it is agreed that no coverage is afforded under this policy to any claim or suit arising out of commercial or business use of my insured vehicle.

*** MUST BE SIGNED BY APPLICANTS WHO ARE BUSINESS OWNERS, SELF-EMPLOYED, OR TRADESPERSONS.**

Signature of Applicant

____/____/____
Date

INBUS040103