



IMPORTANT NOTICE CONCERNING YOUR RIGHT TO REJECT UNINSURED / UNDERINSURED COVERAGE EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS

By law every policy in Nevada 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 / Underinsured coverage in an amount equal to the bodily injury liability limits.

UNINSURED AND UNDER INSURED MOTOR VEHICLE COVERAGE

Uninsured and Underinsured Motor Vehicle Coverage protects the named insured and the named insured's resident relatives and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of a vehicle is legally liable and does not have insurance (Uninsured) or does not have enough insurance (Underinsured).

Please keep in mind that, in many instances, the minimum 15/30 limits required by law for Uninsured / Underinsured coverage may be too low to protect you against rising medical costs.

I have been offered Uninsured / Underinsured Coverage limits equal to those of the Bodily Injury Liability limits I have chosen. I hereby reject those offered limits of Uninsured / Underinsured Coverage limits and instead request that you provide me with those limits checked below for this policy and any renewal thereof.

The bodily injury liability and Uninsured / Underinsured coverage limits sold by American Access Casualty Company are listed below. Check the box next to the Uninsured / Underinsured Coverage limits you are selecting.

UNINSURED AND UNDERINSURED MOTORIST LIMITS SELECTED PER PERSON/PER ACCIDENT

15,000/30,000 25,000/50,000

MEDICAL EXPENSE COVERAGE

Medical Expense Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

Medical Payments 1,000

By not checking any coverage boxes and not paying additional premium the applicant's signature below indicates that coverage was declined.

Signature Of Applicant Policy # (if renewal or endorsement) Date NVUIM051706

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 is afforded under this policy except as required by NV law and to any claim or suit which occurs as the result of any vehicle being operated by the following person(s):

Table with 3 columns: NAME, DATE OF BIRTH, RELATIONSHIP. Rows 1, 2, 3.

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.

Signature of Applicant Signature of Spouse(if excluded) Date NVEXC051706

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 NVBUS051706