



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. The only way a policy may provide for less Uninsured / Underinsured coverage than bodily injury coverage is if you sign a rejection of this right to have your Uninsured / Underinsured coverage equal to your bodily injury liability limits. In no event may you reduce your Uninsured / Underinsured coverage below \$15,000 per person and \$30,000 per accident (15/30); nor may you increase your Uninsured / Underinsured coverage limits above the bodily injury liability limits of your policy.

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). This coverage is offered to you in an amount equal to the limits you selected for Bodily Injury Liability limits. If the Bodily Injury Liability limits on your policy are greater than the minimum offered, you may elect Uninsured and Underinsured limits that are less than your bodily injury liability limits. You may also elect not to carry Uninsured and Underinsured Motor Vehicle Coverage.

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. Also a reduction of your Uninsured / Underinsured coverage limits below your bodily injury liability limits will result in only a modest cost savings. Your broker will advise you as to the exact difference in premium upon your inquiry.

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. I have read and understand the information set forth on this page.

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. The medical payment coverage limit sold by American Access Casualty Company is listed below. Check the box next to the limit if you are selecting Medical Payment coverage.

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):

NAME	DATE OF BIRTH	RELATIONSHIP
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. 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

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