



**HUDSON SPECIALTY INSURANCE COMPANY
PRIMARY PERSONAL UMBRELLA APPLICATION – SUPPLEMENTAL**

**UNINSURED/UNDERINSURED MOTORIST COVERAGE ACCEPTANCE/REJECTION
FORM**

State law requires that we offer **Uninsured/Underinsured (UM/UIM) Coverage** to you in excess of your underlying auto's "bodily injury" limit. **UM/UIM Coverage** is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased **UM/UIM Coverage** can provide compensation for the described loss.

This policy will include a standard minimum of \$25,000 of **UM/UIM Coverage** unless you request otherwise. If you select higher **UM/UIM** an additional premium will be charged. In order to purchase a higher **UM/UIM** Limit you must currently have or obtain matching underlying **UM/UIM** coverage on your underlying auto policy. You should discuss **UM/UIM Coverage** with your agent/producer if you have any questions.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

Please initial only one option below:

_____ FULL SELECTION:

I select UM/UIM Coverage in excess of my underlying "bodily injury" coverages. By selecting this option I understand an additional premium will be charged.

Please Select a desired limit:

\$1,000,000

_____ STANDARD LIMIT:

I select the standard UM/UIM Coverage (\$25,000) that comes with my Umbrella Policy. By selecting this option I understand that there is no additional premium.

Signature: _____ Date: _____