

# State of Louisiana

This form was promulgated pursuant to LSA – R.S. 22:680. This form may not be altered or modified.

## Uninsured/Underinsured Motorist Bodily Injury Coverage Form

**Uninsured/Underinsured Motorists Bodily Injury Coverage**, referred to as "**UMBI**" in this form, 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.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 3 and 4 below as "Not Available.")

### UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. \_\_\_\_\_ I **select UMBI Coverage** which will compensate me for my economic and non-economic losses  
initials with the same limits as my Bodily Injury Liability Coverage.  

**Economic losses** are those which can be measured in specific monetary terms including, but not limited to, medical costs, funeral expenses, lost wages, and out of pocket expenses.

**Non-economic losses** are losses other than economic losses and include, but are not limited to, pain, suffering, inconvenience, and mental anguish and other non-economic damages otherwise recoverable under the laws of this state.
2. \_\_\_\_\_ I **select UMBI Coverage** which will compensate me for my economic and non-economic losses  
initials **with limits lower** than my Bodily Injury Liability Coverage limits:  

\$ \_\_\_\_\_ each person \$ \_\_\_\_\_ each accident
3. \_\_\_\_\_ I **select Economic-Only UMBI Coverage** which will compensate me only for my economic  
initials losses with the same limits as my Bodily Injury Liability Coverage.
4. \_\_\_\_\_ I **select Economic-Only UMBI Coverage** which will compensate me only for my economic  
initials losses **with limits lower** than my Bodily Injury Liability Coverage limits:  

\$ \_\_\_\_\_ each person \$ \_\_\_\_\_ each accident
5. \_\_\_\_\_ I **do not want UMBI Coverage**. I understand that I **will not be compensated through UMBI**  
initials **coverage** for losses arising from an accident caused by an uninsured/underinsured motorist.

### SIGNATURE

The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Bodily Injury Liability Coverage or UMBI Coverage.

\_\_\_\_\_  
 Named Insured or Legal Representative (Please Print)

\_\_\_\_\_  
 Policy Number

\_\_\_\_\_  
 Signature of a Named Insured or Legal Representative

\_\_\_\_\_  
 Date

NATIONAL FIRE & MARINE INSURANCE COMPANY

## LOUISIANA NOTICE - Regarding Property Damage Uninsured Motorists Coverage

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE is available to provide protection for persons who are legally entitled to recover damages because of damage to property (property damage) from an owner or operator of an uninsured motor vehicle.

If you have purchased Bodily Injury Uninsured Motorists Coverage, you may purchase Property Damage Uninsured Motorists Coverage with a \$250 per occurrence deductible. If you choose not to purchase Property Damage Uninsured Motorists Coverage, you must so indicate below.

To be certain that your policy is issued correctly, please indicate your choice ("X" indicates your choice) of the options available, then sign and date this form as acknowledgement of your choice.

### PART I - Rejection

The undersigned hereby rejects Property Damage Uninsured Motorists Coverage.

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any substitute or reinstatement policy issued by us and will be carried forward on all future renewal policies without additional notice.

**I hereby warrant, by my signature below, that I have specific authority by any corporation or other party to be named as a named insured to select or reject property damage uninsured/underinsured motorists coverage on behalf of the corporation or other party for whom this selection is made.**

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

### PART II - Selection of Limits - PD

The undersigned wants damage to property in excess of \$250.00 included in the Uninsured Motorists Coverage. (This coverage will not apply if Collision Coverage is provided on the same policy and the operator of the other vehicle is solely at fault.)

(Note: Not available if Bodily Injury Uninsured Motorists Coverage has been rejected. Coverage of loss or damage by collision shall not exceed the actual cash value or \$10,000, whichever is less.)

**I hereby warrant, by my signature below, that I have specific authority by any corporation or other party to be named as a named insured to select or reject property damage uninsured/underinsured motorists coverage on behalf of the corporation or other party for whom this selection is made.**

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**