

MISSOURI UNINSURED AND UNDERINSURED MOTORISTS COVERAGE INFORMED CONSENT FORM

Types of Coverage

Missouri law requires you to buy uninsured motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payments for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$25,000 per person and \$50,000 per accident, or as high as twice your policy's bodily injury liability coverage. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorists (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by worker's compensation, or by or on behalf of the person at fault.

Under Missouri's new law, you can convert standard UIM coverage to UNDERINSURED MOTORISTS CONVERSION (UIMC) coverage. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at fault person has been fully paid.

**TO BE SURE YOUR POLICY IS ISSUED CORRECTLY, PLEASE COMPLETE
THE ELECTION OF COVERAGE SECTION ON THE BACK OF THIS FORM
AND THEN RETURN THE FORM TO YOUR AGENT**

ELECTION OF COVERAGE

POLICY NUMBER _____ BODILY INJURY LIABILITY LIMIT _____

UNINSURED MOTORISTS (UM/UIM) COVERAGE

If you do not check a box below your policy will be issued/renewed with standard UIM coverage (not Conversion UMIC coverage) with limits equal to your Bodily Injury Liability (BI) coverage limits.

If you check more than one box your policy will be issued/renewed with the highest level of coverage selected.

SELECT ONE OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UMIC COVERAGE.

UM WITH STANDARD UIM COVERAGE

Double BI Limit

BI Limit

* _____
Optional BI Limit

NOTE: An asterisk (*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability Limit

UM WITH CONVERSION UIMC COVERAGE

Do not check a Box below if you have checked a Box for one of the standard UIM coverages above.

Double BI Limit

BI Limit

* _____
Optional BI Limit

NOTE: An asterisk (*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability Limit

IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY AN ASTERISK (*), WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.

(Signature of Any Named Insured)

(Date)