CLEARSIDE General

INTEGON NATIONAL INSURANCE COMPANY

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM

You have a legal right to purchase both Uninsured and Underinsured Motorist coverage's with the proposed automobile liability policy. THESE COVERAGE'S PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES. Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverage's, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have the right to purchase both Uninsured Motorist coverage, and Underinsured Motorist coverage in any amount from $15,000-$30,000 split limits up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for bodily injury.

Your Bodily Injury Limit on the policy is:	$15,000/$30,000
Options available for Uninsured and Underinsured Motorist coverage's:	$15,000/$30,000

Uninsured Motorist Liability

I wish to purchase Uninsured Motorists Coverage _____ (Initial)

I do not wish to purchase Uninsured Motorist coverage _____ (Initial)

Underinsured Motorist Liability

I wish to purchase Underinsured Motorists Coverage _____ (Initial)

I do not wish to purchase Underinsured Motorist coverage _____ (Initial)

I understand and agree that selection of any of the above options applies to my liability insurance policy and further renewals replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let Integon National Insurance Company or my producer know in writing.

_____ _____

Named Insured **Policy Number**

_____ _____

Named Insured's Signature **Date**