

NEBRASKA SELECTION OF HIGHER UNINSURED/ UNDERINSURED MOTORISTS COVERAGE LIMITS

Applicant/Named Insured:	Producer: BALL INSURANCE SERVICES P.O. BOX 399 EAGLE, NE 68347
Policy Effective Date:	Policy Number:

Nebraska law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an under insured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your policy must include Uninsured/Underinsured Motorists Coverage at a limit equal to a single limit of \$50,000 for each accident, UNLESS you select an optional higher limit.

If you would like to select a higher limit for Uninsured/Underinsured Motorists Coverage, please indicate your choice as follows:

Selection Of Higher Uninsured/Underinsured Motorists Coverage Limit

We make available the following limits for Uninsured/Underinsured Motorists Coverage that are higher than the limit described above. Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials)

1. I select Uninsured/Underinsured Motorists Coverage at the following limit.

(Choose one:)

(Initials)	Combined Single Limit
_____	\$ 100,000
_____	250,000
_____	350,000
_____	500,000
_____	1,000,000

Signature Of Applicant/Named Insured

Date