

**YOU HAVE AN IMPORTANT DECISION TO MAKE
THAT WILL AFFECT YOUR AUTO INSURANCE COVERAGE AND PREMIUM.**

Under Maryland law, auto insurance policies must include *uninsured motorist and underinsured motorist* (UM/UIM) coverage. UM/UIM coverage protects you and your passengers if you are in an accident with an at-fault driver who is uninsured or whose liability limit is less than your UM/UIM limit, or if the at-fault driver cannot be identified. You have decisions to make about **how much** UM/UIM coverage you want and **what kind** of coverage you want. Once you make these decisions, they will continue to apply each time your policy renews, unless you change them in writing.

IMPORTANT: YOUR CHOICE ON THIS FORM WILL AFFECT YOUR PREMIUM AND YOUR BENEFITS. YOUR SIGNATURE AT THE END OF THIS FORM CONFIRMS YOUR CHOICE. PLEASE READ THE ENTIRE FORM CAREFULLY BEFORE SIGNING.

OPTION #1: YOUR POLICY **INCLUDES** ENHANCED UNDERINSURED MOTORISTS COVERAGE (“EUIM”) WITHIN THE TOTAL PREMIUM OF:

[\$_____.]

OPTION # 2: IF YOU OPT-OUT OF EUIM COVERAGE AND SELECT STANDARD UNINSURED / UNDERINSURED MOTORISTS (“UM/UIM”) COVERAGE, YOUR POLICY PREMIUM WILL BE:

[\$_____.]

OPTION #3: IF YOU ELECT TO WAIVE YOUR UM/UIM COVERAGE TO LESS THAN YOUR LIABILITY LIMITS, YOUR POLICY PREMIUM WILL BE:

[\$_____.]

If you select Option # 1 or Option #2, the amount of UM/UIM or EUIM coverage that you carry to protect yourself will be the same as the amount of liability coverage that you chose. The difference between these two options is that, in the event of a covered claim, the amount available under EUIM coverage (Option #1) will not be reduced by the amount of any insurance that the at-fault party has. If

you choose Option #2, the amount available under UM/UIM coverage may be reduced by the amount of insurance that the at-fault party has.

If you select Option #3, you will not have uninsured motorist coverage in the same amount as your liability coverage. This means that you will have less protection for yourself if you are injured by an uninsured motorist than you are buying to protect yourself against the claims of others when you are at fault for an accident. However, you will still have UM/UIM coverage in at least the mandatory minimum amount of \$30,000 per person and \$60,000 per accident for bodily injury, and \$15,000 for property damage. This amount of UM/UIM coverage is required by law.

IMPORTANT NOTE: You may be able to achieve increased protection against uninsured motorists at a lower cost by choosing option #2 and raising your policy's liability coverage limit. Ask for the cost of that option to fully inform your choices.

I UNDERSTAND AND AGREE THAT THE SELECTION I AM MAKING BELOW APPLIES TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW **AND** TO ALL FUTURE RENEWALS OF THE POLICY, UNLESS I NOTIFY THE COMPANY IN WRITING TO CHANGE MY SELECTION. THE EFFECTIVE DATE OF SUCH A CHANGE IS NO EARLIER THAN THE DATE THE COMPANY RECEIVES MY WRITTEN NOTIFICATION.

IMPORTANT NOTE: IF YOU DO NOT SIGN BELOW AND MAKE A SELECTION OF ONE OF THE THREE OPTIONS LISTED ABOVE, YOUR INSURER MUST PROVIDE YOU WITH OPTION 1 – EUIM.

I choose Option #1 and understand that my policy includes EUIM coverage within the premium shown for Option #1 above.

Signature: _____ Date: _____

I affirmatively opt-out of Option #1 and choose Option #2, Standard UM/UIM coverage included within the premium shown for Option #2 above.

Signature: _____ Date: _____

I affirmatively opt-out of Option #1 and choose Option #3, UM/UIM coverage waived to an amount less than my liability limits, but not less than the mandatory minimum liability limits.

Signature: _____

Date: _____

First Named Insured:

Policy Number or Binder Number:

Insurance Company:

Producer Name and Code:

IMPORTANT NOTE: THIS FORM IS FOR USE ONLY FOR POLICIES, BINDERS OR QUOTES ISSUED, SOLD OR INITIALLY DELIVERED IN THE STATE ON OR AFTER JULY 1, 2024.