

Notice and Waiver of Increased Limits of Uninsured Motorist Coverage

Notice Concerning the Waiver of Increased Limits of Uninsured Motorist Coverage in Maryland (Private Passenger Motor Vehicle Liability Insurance)

Maryland law now requires that every insurer writing private passenger motor vehicle liability insurance provide uninsured motorist coverage in an amount equal to the amount of liability limits provided under the policy, unless waived by the first named insured. Maryland law also requires that a policy have at least a minimum amount of coverage for both liability and uninsured motorist coverage, which is \$20,000 per person/\$40,000 per accident for bodily injury and \$15,000 per accident for property damage.

If you elected to purchase liability coverage in excess of the minimum amounts stated above, Maryland law entitles you to waive that amount of uninsured motorist coverage that exceeds the minimum amounts required by law. You, as the first named insured, must make an affirmative written waiver to do so. You may then choose other available lower uninsured motorists limits, but not less than the minimum amount required by law.

In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to the liability coverage.

The insurance company is prohibited from refusing to issue an insurance policy because the insured refuses to make a waiver of the excess uninsured motorist coverage.

Before making your decision, please read the following carefully: **uninsured motorist coverage** provides protection against owners or operators of uninsured motor vehicles. A motor vehicle is uninsured if:

- (1) There is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or
- (2) There is liability insurance or other security applicable to the motor vehicle to pay for such damages, but the amount available is less than your uninsured motorist coverage; or
- (3) It is a hit by a vehicle and the owner or operator of that vehicle cannot be identified.

Uninsured motorists coverage is payable if the accident is the result of the ownership, maintenance or use of an uninsured motor vehicle and you are legally entitled to recover damages from its owner or operator.

Uninsured motorists - bodily injury protection covers you and your family members residing in your household for injuries sustained in an accident involving an uninsured motor vehicle unless it is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

Uninsured motorists - property damage protection covers your insured automobile if it is damaged in an accident (subject to any applicable deductible) involving an uninsured motor vehicle that is not owned by you or your resident relative(s). It also insures your property, the property of your resident relative(s) and other persons occupying your insured automobile if it is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

In order to make an affirmative waiver of uninsured motorists coverage limits equal to the liability limits of the policy, you must sign an affirmative waiver and submit it to your company. In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to your liability limits.

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I confirm that I have fully read and understood the attached notice.

This is to certify that I am the first named insured/applicant. I have been offered uninsured motorists coverage in amounts equal to my liability limits of \$ ##### / \$ ##### (bodily injury) and \$ ##### (property damage) or \$ ##### (combined single limit) at a total premium of \$ ##### annually.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: (check one the following)

☐ affirmatively waive this offer and instead elect to purchase lower uninsured motorists limits of

\$ _____ / \$ _____ (bodily injury) and \$ _____ (property damage) or \$ _____ (combined single limit) at a total premium of \$ _____ annually, subject to the minimum limits required by Maryland law.

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☐ affirmatively accept this offer.

I understand and agree that this request shall be construed to be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

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First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

Policy /Binder #####

Insurer #####

Producer Name !!!!!!!!!!!!!!!!!!!!!!!

Producer Code #####