

# CONNECTICUT NOTICE TO INSUREDS AND SELECTION FORM

The Automobile Insurance Reform Act, Public Law 93-297 is effective January 1, 1994. It affects your coverage in several ways. You should read this notice carefully, make your selections and return to your agent.

## **REPEAL OF NO FAULT**

Beginning January 1, 1994, new or renewed policies are not required to include Basic Reparations Benefits (BRB). BRB provided up to \$5,000 for medical expenses and lost wages caused by auto accidents.

You may have other coverage provided by your employer, or by health or disability insurance. If you don't, you should consider your option to provide for such losses as shown below. Otherwise, you may bear the cost yourself.

Of course, if someone else is responsible for your losses you may seek recovery from that person.

## **OPTION TO CONSIDER**

Those who need the coverage no longer required should consider the following option. You should review your existing coverages and employee benefits to avoid duplicating benefits

### **OPTIONAL MEDICAL PAYMENTS WED PAY) COVERAGE**

You may choose to buy Medical Payments Coverage to help cover your medical bills from auto accidents. Medical Payments coverage pays the medical expenses up to certain specified limits of insureds who are injured in an auto accident.

## **UNINSURED MOTORIST COVERAGE**

### **Types of Coverage**

Our 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 payment 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 \$20,000 per person and \$40,000 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 Motorist (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 on behalf of the person at fault.*

Under our new law, you can convert standard UIM coverage to UNDERINSURED MOTORIST 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.

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## A. OPTIONAL MED PAY COVERAGE

If you do not check a box in this section and sign below your policy will be issued/renewed without Med Pay coverage.

MED PAY Coverage	MED PAY Premium
\$ 500	<input style="width: 80px; height: 20px;" type="text"/>
1000	<input style="width: 80px; height: 20px;" type="text"/>
2000	<input style="width: 80px; height: 20px;" type="text"/>
5000	<input style="width: 80px; height: 20px;" type="text"/>

### **SELECT ONE**

- I WISH TO BUY OPTIONAL MED PAY COVERAGE AT THE PREMIUM SHOWN ABOVE.
- I DO NOT WISH TO BUY MED PAY COVERAGE.

## B. UNINSURED MOTORIST (UM/UIM) COVERAGE

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

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 UIm COVERAGE.**

#### **DO NOT CHECK MORE THAN ONE BOX BELOW.**

#### **UM WITH STANDARD *UIm* COVERAGE**

	Total Coverage Premium
<input type="checkbox"/> Double BI Limit	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> BI Limit	<input style="width: 80px; height: 20px;" type="text"/>
* <input type="checkbox"/> A limit below your BI limit as follows-_____	<input style="width: 80px; height: 20px;" type="text"/>
* <input type="checkbox"/> Statutory minimum limit (\$20,000 per person, \$40,000 per accident)	<input style="width: 80px; height: 20px;" type="text"/>

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

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## UM CONVERSION UIMC COVERAGE

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

	Total Coverage Premium	
<input type="checkbox"/> Double BI Limit	<input style="width: 80px; height: 20px;" type="text"/>	NOTE: An asterisk (*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability limit.
<input type="checkbox"/> BI Limit	<input style="width: 80px; height: 20px;" type="text"/>	
* <input type="checkbox"/> A limit below your BI limit as follows-_____	<input style="width: 80px; height: 20px;" type="text"/>	
* <input type="checkbox"/> Statutory minimum limit (\$20,000 per person, \$40,000 per accident)	<input style="width: 80px; height: 20px;" type="text"/>	

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.

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Signature of Any Named Insured	Date
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### PREMIUM CHARGES

#### UNINSURED MOTORISTS COVERAGE (Includinci UIM)

#### UNDERINSURED MOTORISTS CONVERSION COVERAGE (Incl. UIMC)

	<u>B.I. Limits</u>	<u>P. P. Types</u>	<u>Otherthan P.P. Tyi2es</u>		<u>B.I. Limits</u>	<u>P. P. Tyres</u>	<u>Otherthan P.P. Types</u>
Basic	\$ 40,000	\$ 8.00	\$ 4.00	Basic	\$ 40,000	\$ 15.00	\$ 8.00
	50,000	14.00	10.00		50,000	9.00	6.00
	100,000	42.00	30.00		80,000	19.00	13.00
	250,000	104.00	74.00		100,000	39.00	26.00
	350,000	121.00	86.00		200,000	87.00	58.00
	500,000	136.00	97.00		250,000	105.00	70.00
	1,000,000	184.00	131.00		350,000	123.00	82.00
	2,000,000	324.00	243.00		500,000	140.00	93.00
	5,000,000	648.00	486.00		600,000	152.00	102.00
					700,000	162.00	108.00
					1,000,000	191.00	127.00
					2,000,000	275.00	184.00
					5,000,000	486.00	324.00
					10,000,000	972.00	810.00