

**CLASSIC AUTOMOBILE POLICY  
COVERAGE SELECTION FORM - CALIFORNIA**

Please return this completed form to the Hagerty Insurance Agency, P.O. Box 1303, Traverse City, MI 49685.

**UNINSURED MOTORISTS BODILY INJURY COVERAGE**

The California Insurance Code requires an insurer to provide Uninsured Motorist Coverage in each “bodily injury” liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or person designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limit established by law, which the person or persons are legally entitled to recover as damages for “bodily injury”, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

California Insurance Code provisions permit the insurer and the applicant to:

- Delete the coverage completely;
- Delete the coverage when a motor vehicle is operated by a natural person or persons designated by name;
- Agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements.

In accordance with the California Insurance Code select appropriate option(s) by placing an “X” in the applicable box(es) below:

- I hereby reject “bodily injury” uninsured motorists coverage which includes underinsured motorist coverage entirely.
- I hereby reject “bodily injury” uninsured motorists coverage which includes underinsured motorist coverage when an insured motor vehicle is operated by: \_\_\_\_\_  
name of excluded driver(s)
- I hereby select “bodily injury” uninsured motorists coverage which includes underinsured motorist coverage at the following optional limit which does not exceed the “bodily injury” liability limit on my policy nor is it less than the financial responsibility limit prescribed by law. Make only one selection.

Split Bodily Injury Limit	Single Liability Limit
<input type="checkbox"/> \$15,000/30,000	<input type="checkbox"/> \$35,000
<input type="checkbox"/> \$25,000/50,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$30,000/60,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$50,000/100,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$100,000/300,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$300,000/300,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$250,000/500,000	
<input type="checkbox"/> \$500,000/500,000	

**UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident when an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

- If you have not rejected Uninsured Bodily Injury Coverage; and
- For autos for which you have not purchased Collision Coverage.

In accordance with the California Insurance Code select appropriate option(s) by placing an “X” in the applicable box below\*:

I hereby reject Uninsured Motorists Property Damage Coverage entirely.

I hereby reject Uninsured Motorists Property Damage Coverage when an insured motor vehicle is operated by: \_\_\_\_\_  
name of excluded driver(s)

I hereby select Uninsured Motorists Property Damage Coverage at a limit of \$3,500 for each accident.

\*NOTE: If you have selected Collision Coverage for your vehicle(s), this section will be left blank intentionally. In addition, if you have selected Collision Coverage for your vehicle(s), we have applied a Collision Deductible Waiver at no additional charge in the event there is damage caused to “your covered auto(s)” by an identified, uninsured motor vehicle and you report the claim to us or your agent within 10 business days of the accident.

I understand that my selection(s) apply to all of the vehicles on my policy, including any additional or replacement vehicles which I may add in the future, unless I request different coverage in writing.

\_\_\_\_\_  
Named Insured’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured’s Printed Name

107044771  
\_\_\_\_\_  
Policy Number