



ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA
UNINSURED & UNDERINSURED AUTO INSURANCE COVERAGES FORM FOR PRIVATE PASSENGER RISKS

I. EXPLANATION OF COVERAGES

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least \$25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a \$550 fee to drive uninsured. There is no requirement that an insurance company offer higher than minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for uninsured property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits up to the limits of the liability coverage you have purchased. The limits of additional uninsured motorist coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorist coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these coverages and your policy may be cancelled for nonpayment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supercede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
 South Carolina Department of Insurance
 Capitol Center
 1201 Main Street, Suite 1000
 Columbia, SC 29201

Mailing Address: Post Office Box 100105
 Columbia, SC 29202-3105

Phone: (803) 737-6180 or (800) 768-3467

E-Mail Address: consumers@doi.sc.gov

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

Limits of Coverage Amounts of Increased Premium

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

Minimum uninsured motorist coverage limits of \$25,000/\$50,000/\$25,000 are automatically provided by your insurance policy. If you select additional uninsured motorist coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits:

INDIVIDUAL NAMED INSURED AND PARTNERSHIPS

SPLIT LIMITS OF COVERAGE	Amounts of Increased Premium		SINGLE LIMITS	Amounts of Increased Premium	
	Single Auto	MultiAuto		Single Auto	MultiAuto
Bodily Injury					
\$ 25,000 / \$ 50,000	\$ 50	\$ 58	\$ 75,000	\$ 116	\$ 119
\$ 50,000 / \$ 100,000	\$ 58	\$ 63	\$ 100,000	\$ 119	\$ 122
\$ 100,000 / \$ 300,000	\$ 63	\$ 69	\$ 250,000	\$ 124	\$ 124
\$ 250,000 / \$ 500,000	\$ 71	\$ 74	\$ 350,000	\$ 127	\$ 127
Property Damage			\$ 500,000	\$ 130	\$ 130
\$ 25,000	\$ 32	\$ 32			
\$ 50,000	\$ 34	\$ 34			
\$ 100,000	\$ 37	\$ 37			

Your Policy's Liability Coverage Limits are:

_____ / _____ / _____

Do you wish to purchase additional uninsured motorist coverage ? YES NO

If your answer is "NO", then you must sign here.

_____ SIGNATURE _____ DATE

If your answer is "yes", then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select: _____ / _____ / _____ Split Limits; OR

I select: _____ Single Limit.

III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE

Limits of Coverage Amounts of Increased Premium

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

Minimum uninsured motorist coverage limits of \$25,000/\$50,000/\$25,000 are automatically provided by your insurance policy. If you select optional underinsured motorist coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits.

INDIVIDUAL NAMED INSURED AND PARTNERSHIPS

SPLIT LIMITS OF COVERAGE	Amounts of Increased Premium		SINGLE LIMITS	Amounts of Increased Premium	
	Single Auto	MultiAuto		Single Auto	MultiAuto
Bodily Injury					
\$ 25,000 / \$ 50,000	\$ 69	\$ 95	\$ 75,000	\$ 143	\$ 164
\$ 50,000 / \$ 100,000	\$ 111	\$ 138	\$ 100,000	\$ 164	\$ 180
\$ 100,000 / \$ 300,000	\$ 161	\$ 177	\$ 250,000	\$ 230	\$ 227
\$ 250,000 / \$ 500,000	\$ 227	\$ 225	\$ 350,000	\$ 251	\$ 241
Property Damage			\$ 500,000	\$ 278	\$ 257
\$ 25,000	\$ 5	\$ 8			
\$ 50,000	\$ 8	\$ 11			
\$ 100,000	\$ 11	\$ 13			

Your Policy's Liability Coverage Limits are:

_____ / _____ / _____

Do you wish to purchase optional underinsured motorist coverage ? YES NO

If your answer is "NO", then you must sign here.

_____ SIGNATURE _____ DATE

If your answer is "yes", then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select: _____ / _____ / _____ Split Limits; OR

I select: _____ Single Limit.

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read - or I have had read to me - the above explanations and offers of additional uninsured motorist coverage and optional underinsured motorist coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: _____ Your Signature: _____

Your Address: _____ Today's Date: _____