

Key Insurance Company

**OFFER OF UNINSURED/UNDERINSURED MOTORIST COVERAGE
AND MEDICAL PAYMENTS COVERAGE**

Nevada

Policy Number:

Uninsured/Underinsured Motorist Coverage Selection/Rejection

Uninsured and Underinsured Motorist Coverage pays you, your family members and passengers in your insured car, for certain medical expenses, wage loss, pain and suffering, and benefits described in your policy, for physical bodily injury or death caused by direct contact in a covered automobile accident with an at-fault uninsured or underinsured motorist. By Nevada law, we must offer this coverage on your policy, in the same limits as your Bodily Injury Liability Coverage, unless you reject or limit this coverage in writing.

Please Read Carefully Before Signing this Form

I have selected the following option for Uninsured/Underinsured Motorist Coverage.

- I select Uninsured/Underinsured Motorist Coverage equal to my Bodily Injury Liability Limits.
- I reject all Uninsured/Underinsured Motorist Coverage entirely.

THIS IMPORTANT COVERAGE HAS BEEN THOROUGHLY EXPLAINED AND OFFERED TO ME AND I FULLY UNDERSTAND. I HAVE SELECTED THE OPTION INDICATED ABOVE AND I AGREE THAT THIS APPLIES TO ALL ENDORSEMENTS, REINSTATEMENTS, REWRITES AND RENEWALS OF THE POLICY.

Named Insured's Signature:

Date:

Medical Payments Coverage Selection/Rejection

Medical Payments Coverage pays for certain medical expenses, incurred by you, your family, and passengers in your insured car, from bodily injury in an automobile accident, regardless of who is at-fault. By Nevada law, we must offer a minimum of \$1,000 per person of medical coverage on our policy, unless you reject this coverage in writing.

Please Read Carefully Before Signing this Form

I have selected the following option for Medical Payments Coverage.

- I select \$1,000 limit for Medical Payments Coverage.
- I reject all Medical Payments Coverage entirely.

THIS IMPORTANT COVERAGE HAS BEEN THOROUGHLY EXPLAINED AND OFFERED TO ME AND I FULLY UNDERSTAND. I HAVE SELECTED THE OPTION INDICATED ABOVE AND I AGREE THAT THIS APPLIES TO ALL ENDORSEMENTS, REINSTATEMENTS, REWRITES AND RENEWALS OF THE POLICY.

Named Insured's Signature:

Date: