



NAUTILUS INSURANCE COMPANY
7233 EAST BUTHERUS DRIVE | SCOTTSDALE, AZ 82560

A stock insurance company, herein called the Company

PURCHASE/REJECTION OF EXCESS UNINSURED/UNDERINSURED MOTORIST COVERAGE

Please return this form with you completed application or renewal offer.

Excess Uninsured/Underinsured Motorist (UM/UIM) coverage at a limit of \$1 million or \$2 million is now offered in your state for an additional premium. Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. If you purchase this coverage, an additional charge (\$50/Vehicle at \$1 Million UM/UIM, \$250/Vehicle at \$2 Million UM/UIM) will be included in the policy premium. Please indicate below if you wish to purchase or reject this coverage:

I REJECT THIS COVERAGE AND AGREE THAT EXCESS UNINSURED/UNDERINSURED MOTORIST COVERAGE WILL NOT BE INCLUDED IN MY POLICY.

I REJECT THE PURCHASE OF ADDITIONAL EXCESS UNINSURED/UNDERINSURED MOTORIST COVERAGE AND UNDERSTAND THAT MY POLICY WILL CONTINUE TO HOLD \$25,000 OF EXCESS UNINSURED/UNDERINSURED MOTORIST COVERAGE AT NO ADDITIONAL PREMIUM.

I WANT TO PURCHASE ADDITIONAL EXCESS UNINSURED/UNDERINSURED MOTORIST COVERAGE WITH A LIMIT SPECIFIED BELOW AS PART OF MY PERSONAL UMBRELLA LIABILITY POLICY. BY SELECTING THIS OPTION I UNDERSTAND THAT THERE WILL BE AN ADDITIONAL PREMIUM INCLUDED WITH MY POLICY BILL AND THAT I MUST MAINTAIN UNDERLYING UNINSURED/UNDERINSURED MOTORIST COVERAGE EQUAL TO THE PRIMARY AUTOMOBILE LIMITS AS INDICATED ON THIS APPLICATION.

\$1 Million UM/UIM Per Occurrence

\$2 Million UM/UIM Per Occurrence

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE THAT PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

By signing below I agree to all terms of this Rejection Form and that the election or rejection of this coverage will remain in effect for the duration of the policy period unless Nautilus Insurance Group is notified in writing otherwise.

SIGNATURE OF NAMED INSURED

DATE