OFFER OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE  
AND MEDICAL PAYMENTS COVERAGE  
(Nevada)

The Nevada Insurance Code requires that Uninsured Motorists Coverage be offered at a limit equal to the Bodily Injury Limit of Liability in your policy unless you, the insured named in the policy, select a lower limit or reject the Uninsured Motorists Coverage entirely. Uninsured Motorists Coverage includes underinsured motorists coverage and provides insurance for the protection of persons insured under the policy if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured).

The undersigned insured (and each of them):

**(Applicable item marked “X”)**

agrees that the Uninsured Motorists Coverage afforded in the policy is hereby REJECTED.

agrees to purchase minimum limits of Uninsured Motorists Coverage in the amount of $25,000 per person and $50,000 per accident.

agrees to purchase Uninsured Motorists Coverage at the following limits, which are not to exceed the Bodily Injury Liability limits of the policy:

$      each person (enter limit if applicable)

$      each accident

agrees to purchase Uninsured Motorists Coverage at limits equal to the Bodily Injury Limit Liability limits of the policy.

**If your policy covers the use of a “passenger car” as defined below, please complete the following section. Your selection here will apply only to those vehicles considered passenger cars on your policy.**

The Nevada Insurance Code requires that Medical Payments Coverage be offered on all policies covering the use of a “**passenger car**,” which is defined by NRS 482.087 as a “**motor vehicle designed for carrying 10 persons or less**, except a motorcycle, an electric bicycle or a moped.” Medical Payments Coverage must be offered in an amount of at least $1,000 or at a higher amount if offered by the insurer. You may accept or reject this offer. Such coverage provides insurance protection, without regard to legal liability, to an insured for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

The undersigned insured (and each of them):

**(Applicable item marked “X”)**

agrees that the Medical Payments Coverage afforded in the policy is hereby REJECTED.

agrees to purchase the minimum limit of $1,000 of Medical Payments Coverage.

agrees to purchase a higher limit of $2,000 of Medical Payments Coverage.

agrees to purchase a higher limit of $5,000 of Medical Payments Coverage.

**PLEASE READ BEFORE SIGNING**

I hereby acknowledge that:

(1) I understand the difference between the options available to me.

1. The selection I make here, where applicable, will be binding on me and all insureds under my Policy, despite any information to the contrary in the application for insurance, and will be in effect for every extension, reinstatement, substitution, amendment, alteration, modification, transfer, replacement or renewal of my Policy, unless I request, in writing, a different option.
2. Regardless of the number of vehicles involved, whether insured or not, persons covered, claims made, premiums paid or the number of premiums shown on the policy, in no event shall the limit of liability for 2 or more vehicles or 2 or more policies be added together, combined or stacked to determine the limits of insurance coverage available to injured persons.

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SIGNATURE OF NAMED INSURED DATE

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TITLE (if applicable)