

## Uninsured Motorists Coverage in Maine

Below, you will find a brief explanation of Uninsured Motorist coverage. Please remember that this explanation is only an overview, and it does not replace or supplement any of the provisions of your policy. Please see your policy for details because the policy controls all issues of coverage.

The decisions you make regarding the amount of coverage will affect your insurance premium. If you have questions, please call Policy Service at 1-800-531-USAA (8722). You may complete this form online at [usaa.com](http://usaa.com).

### Coverage Description

#### Uninsured Motorists (UM) Coverage:

- Protects you and your family if injured in a motor vehicle accident caused by an uninsured or hit-and-run motorist who is at-fault.
- Pays if you are injured by an at-fault motorist whose Bodily Injury (BI) Liability limits are less than your UM Coverage limits and less than the amount of damages you are legally entitled to recover from the at-fault motorist. The at-fault motorist's policy pays its BI Liability limits first, then your UM Coverage pays the lesser of:
  - any remaining loss, or
  - the difference between the driver's BI Liability limits and your UM Coverage limits.
- Must be issued with UM Coverage limits equal to your BI Liability limits unless you select UM Coverage in lower limits by completing, signing and returning the Selection Form by mail or at [usaa.com](http://usaa.com).
- Your selection of lower UM Coverage limits will remain in effect on this policy and on future renewals until you request otherwise in writing.

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**Selection Form**

If you do not wish to make any changes to your current policy, no action is required. TO MAKE CHANGES TO YOUR POLICY, PLEASE COMPLETE THIS FORM, SIGN, AND RETURN IT TO US. The premiums below reflect the total premium for this coverage for all vehicles on this Policy.

**Uninsured Motorists (UM) Coverage**

To make a change to your current policy, you must check one of the following boxes:

<u>Limits</u>	<u>Premium</u>	<u>Limits</u>	<u>Premium</u>
Per person/per accident		Per person/per accident	
<input type="checkbox"/> \$ 50,000/\$ 100,000	\$	<input type="checkbox"/> \$ 500,000/\$ 500,000	\$
<input type="checkbox"/> \$ 100,000/\$ 200,000	\$	<input type="checkbox"/> \$ 500,000/\$ 1,000,000	\$
<input type="checkbox"/> \$ 100,000/\$ 300,000	\$	<input type="checkbox"/> \$ 1,000,000/\$ 1,000,000	\$
<input type="checkbox"/> \$ 300,000/\$ 500,000	\$		

I understand that Maine law requires uninsured motor vehicle coverage limits to equal the limits I have selected for liability coverage for bodily injury or death in this policy unless I expressly reject such an amount of coverage. Pursuant to the Maine Revised Statutes Title 24-A, section 2902, subsection 2, I have elected to purchase uninsured motor vehicle coverage with lesser limits.

**DO NOT SIGN UNTIL YOU READ**

_____ USAA Number	_____ Signature of Named Insured
( ) _____ Home Phone	( ) _____ Alternative Phone
	_____ Date

Please complete this form and fax it to 1-800-531-8877 or mail it to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288; or **complete this form on usaa.com.**

If this form is sent by facsimile machine (fax), the sender adopts the document USAA receives as a duplicate original and adopts the signature the receiving fax machine produces as the sender's original signature.

