



Arkansas Coverage Options

Uninsured/Underinsured Motorist Coverages

Arkansas law requires that every auto policy include coverage for uninsured motorist bodily injury, uninsured motorist property damage and underinsured motorist bodily injury claims unless rejected by the named insured. If you reject uninsured motorist bodily injury or uninsured motorist property damage, you are not eligible to purchase underinsured motorist bodily injury. If you reject uninsured motorist bodily injury, you are not eligible to purchase uninsured motorist property damage.

Uninsured Motorist Bodily Injury - provides protections for persons insured who are legally entitled to recover damages for bodily injury including death from owners or operators of uninsured motor vehicles.

Uninsured Motorist Property Damage - provides coverage for damage to the insured vehicle in which an uninsured operator is at fault. Damages will be afforded in excess of the \$200 deductible.

Underinsured Motorist Bodily Injury – provides coverage for situations in which the at-fault operator's coverage is insufficient to cover expenses associated with the injuries sustained because of an auto accident.

Medical Payments and Other Personal Injury Protections

Arkansas law requires that every auto policy include coverage for medical payments and other personal injury protections such as work loss protection and accidental death benefits unless the named insured chooses to reject the coverage(s). Medical and Hospital Benefits, Income Disability Benefits, and Accidental Death Benefits can all be selected or rejected individually.

Medical and Hospital Benefits - covers up to \$5,000 of reasonable and necessary auto accident related medical bills that an insured person incurs within 2 years of an auto accident.

Income Disability Benefits- provides weekly lost income benefits for insured persons who are continuously disabled from an auto accident. Benefits will not begin until the 8th day following the accident and not to exceed 52 weeks.

Accidental Death Benefits - provides a \$5,000 payment to a representative of the insured if an auto accident causes the death of insured within one year of the event.



Coverage Rejections

Policy Number: _____

Uninsured/Underinsured Motorist Coverage:

Arkansas law requires that all automobile liability policies include Uninsured Motorists Coverage for Bodily Injury and Property Damage and Underinsured Motorists Coverage for Bodily Injury unless a named insured rejects such coverages. The maximum amount of Uninsured or Underinsured Motorist Coverage offered by Traders is equal to our liability limits. Please select from the following choices if you would like to reject Uninsured or Underinsured Motorist Coverage.

I hereby select Uninsured Motorists Bodily Injury Coverage in the amount of \$_____ per person/\$_____ per occurrence.

I hereby select Uninsured Motorists Property Damage Coverage in the amount of \$_____ per person/\$_____ per occurrence. *This coverage limit cannot exceed the Uninsured Motorist Bodily Injury coverage limit.

I hereby reject Uninsured Motorists Coverage Property Damage Coverage.

I hereby select Underinsured Motorists Bodily Injury Coverage in the amount of \$_____ per person/\$_____ per occurrence. *This coverage limit cannot exceed the Uninsured Motorist Bodily Injury coverage limit. This coverage is not contingent on the purchase Uninsured Motorist Property Damage.

I hereby reject Underinsured Motorist Bodily Injury Coverage.

I hereby reject Uninsured Motorist Bodily Injury Coverage, Uninsured Motorist Property Damage Coverage, and Underinsured Motorists Coverage.

Medical Payments and Other Personal Injury Protection:

Arkansas law requires that all automobile liability policies offer Personal Injury Protection in amounts no less than the statutory limits unless a named insured rejects such coverage. Please select from the following choices if you would like to reject Personal Injury Protection Coverage:

I hereby reject \$5,000 Medical & Hospital Benefits.

I hereby reject Income Disability Benefits.

I hereby reject Accidental Death Benefits.

I acknowledge and agree that, unless a named insured requests a change in coverage, these coverage rejections above shall be binding on all persons under this policy and applicable to any subsequent renewal, reinstatement, rewrite, amendment or replacement policy.

Named Insured's Signature: _____ Date: _____

IMPORTANT: THIS MUST BE SIGNED AND RETURNED TO A TRADERS REPRESENTATIVE WITH YOUR AUTHORIZATION FOR OUR RECORDS. FAILURE TO DO SO WILL RESULT IN AN UPRATE IN PREMUIM FOR ALL THE COVERAGES ABOVE.