

TO:

Kerry Eagan

FROM:

Sue Eckley

DATE:

June 5, 2017

Hi Kerry -

I have attached a form from our national broker, Arthur J. Gallagher company. Each year at renewal time we are asked to complete this document to show that Lancaster County wishes a higher uninsured/underinsured motorists coverage limit.

We have chosen the split limit of \$100,000/\$300,000 in the past and I just need this form completed by the County Board chair.

I have highlighted the blanks that need initials and then the signature line. If you would have Todd Wiltgen initial the two highlighted blanks and sign and date the form and then return it to me.

Thank you!

NEBRASKA SELECTION OF HIGHER UNINSURED/ UNDERINSURED MOTORISTS COVERAGE LIMITS (STATUTORY LIMITS)

Policy Number:	Policy Effective Date:			
PEM 0000049-02	September 30, 2016 to September 30, 2017			
Company:	Producer:			
Gemini Insurance Company	Arthur J. Gallagher			
Applicant/Named Insured:				
Lancaster County Board of Commiss	ioners			

Nebraska law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your policy must include Uninsured/Underinsured Motorists Coverage at limits equal to: 1) split limits of \$25,000 for each person/\$50,000 for each accident; or 2) a single limit of \$50,000 for each accident, UNLESS you select optional higher limits.

If you would like to select higher limits for Uninsured/Underinsured Motorists Coverage, please indicate your choice as follows:

Selection Of Higher Uninsured/Underinsured Motorists Coverage Limits

We make available the following limits for Uninsured/Underinsured Motorists Coverage that are higher than the limits described above up to split limits of \$100,000 for each person, subject to \$300,000 for each accident, or a single limit of \$300,000. Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials)	I select t	he following higher lir	nits of Uni	nsured/Underinsu	red Mo	torists Coverage
(Choose One)	1 361661 1	ne following mgner in	11113 01 0111	nsureu/onuernise	ii ca ivio	torists coverage.
(Initials)		Split Limits	OR	(Initials)		Combined Single Limit
	\$	50,000/100,000			\$	75,000
-		100,000/200,000				100,000
		100,000/300,000				200,000
						250,000
				N -272		300,000
		(Other)				(Other)
-	Signature	Of Applicant/Named	Insured		•	Date