



AAA Insurance
 underwritten by CSAA General Insurance Company
 PO Box 24511, Oakland, CA 94623-9865 (800) 207-3618

Policy Number:
 Named Insured:

Agent Code:

PERSONAL AUTO

NEVADA MOTOR VEHICLE POLICY COVERAGE SELECTION

Enclosed you will find your renewal quote. In addition to the coverage you have already selected in your policy, you have the option of changing your selection of **Medical Payments Coverage** and/or **Uninsured and Underinsured Motorist Coverage**.

You may change your coverage limits for your renewal policy by indicating your choices on this coverage selection form and returning it to us with your renewal payment. If you change your coverage limits, you must sign the corresponding signature line. You will be billed for any additional premium due. If you do not return the completed coverage selection form, your coverages will not change. If you wish to get a quote for any additional coverage, or if you would like an additional explanation of the optional coverages, please contact Customer Service at 1-800-207-3618 or contact your agent.

MEDICAL PAYMENTS COVERAGE SELECTION

Subject to the terms and conditions contained in the policy of insurance, **Medical Payments Coverage** provides protection, without regard to legal liability, for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying a covered vehicle or being struck as a pedestrian by a motor vehicle or trailer.

If you purchase **Medical Payments Coverage**, this coverage may NOT be added, combined, or stacked together regardless of the number of vehicles listed on the policy. This selection or rejection of **Medical Payments Coverage** shall be binding on all persons insured under the policy and shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with the company unless a named insured submits a request to add the coverage and pays the additional premium.

To change your **Medical Payments Coverage** selection, mark only one coverage option below and include your signature.

\$1,000 per accident \$2,000 per accident \$5,000 per accident \$10,000 per accident \$25,000 per accident

Signature of Named Insured X _____ Date: _____

UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE – SELECTION OR REJECTION

Subject to the terms and conditions contained in the policy of insurance, **Uninsured Motorist Coverage and Underinsured Motorist Coverage** would protect you, your resident relatives, and occupants of a covered vehicle if any of you sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist).

You may purchase **Uninsured Motorist Coverage and Underinsured Motorist Coverage** up to the limits of the bodily injury liability coverage that you have selected. You may not purchase **Uninsured Motorist Coverage and Underinsured Motorist Coverage** with limits that exceed the limits of the bodily injury liability coverage selected.

This selection or rejection of **Uninsured Motorist Coverage and Underinsured Motorist Coverage**, shall be binding on all persons insured under the policy and shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with the company unless a named insured submits a request to add the coverage and pays the additional premium.

To change your **Uninsured Motorist Coverage and Underinsured Motorist Coverage**, mark only one coverage option below and include your signature.

\$25,000 each person / \$50,000 each accident \$50,000 each person / \$100,000 each accident
 \$100,000 each person / \$300,000 each accident \$250,000 each person / \$500,000 each accident
 \$300,000 each person / \$500,000 each accident \$500,000 each person / \$500,000 each accident
 \$500,000 each person / \$1,000,000 each accident \$1,000,000 each person / \$1,000,000 each accident

I reject **Uninsured Motorist Coverage and Underinsured Motorist Coverage**

Signature of Applicant X _____ Date: _____