

NAME \_\_\_\_\_

# Uno Insurance | Acknowledgement Form

## LIABILITY LIMITS

I understand that the Bodily Injury Liability coverage limits are: \_\_\_\_\_ and that this is the maximum amount that will be paid under my auto policy in the event of a loss, claim, or accident. I have been advised by my agent that I may purchase higher limits of coverage, but at this time I decline to do so. I understand that the limits I have chosen will automatically apply to policy renewals and any other drivers or vehicles that are added to my insurance policy. I UNDERSTAND AND ACKNOWLEDGE THAT THE AGENCY OR AGENT IS NOT TO BE HELD RESPONSIBLE OR LIABLE FOR THE COVERAGE LIMITATIONS THAT I HAVE CHOSEN, AND I AM COMFORTABLE THAT THE COVERAGES AND LIMITS I HAVE SELECTED WILL PROTECT ME AND MY ASSETS ADEQUATELY. I WILL REVIEW ALL DOCUMENTS I RECEIVE FROM MY AGENT OR CARRIER AND BRING ANY QUESTIONS OR CONCERNS TO THE ATTENTION OF MY AGENT IN A TIMELY MANNER TO ALLOW THEM THE OPPORTUNITY TO BE ADDRESSED.

Initials \_\_\_\_\_

## UNINSURED/UNDERINSURED COVERAGE

I affirm that I am either rejecting or choosing the following limits of UNINSURED MOTORIST BODILY INJURY: \_\_\_\_\_ UNDERINSURED MOTORIST BODILY INJURY: \_\_\_\_\_ and/or UNINSURED PROPERTY DAMAGE COVERAGE: \_\_\_\_\_ I understand that UNDERINSURED AND/OR UNINSURED MOTORIST BODILY INJURY is necessary if I want insurance benefits in the event that I am injured by a motorist who has little or no insurance. I understand that UNINSURED MOTORIST PROPERTY DAMAGE would provide some coverage for the repair or replacement of my vehicle if it is damaged by an uninsured person.

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## PIP Coverage

PERSONAL INJURY PROTECTION COVERAGE includes coverage for medical and hospital benefits, income continuation benefits, funeral expenses and loss of services benefits, and wage loss. Depending on the state you reside in, PIP may include a deductible; please refer to policy for specific coverage.

My election for PIP is:

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## MEDICAL PAYMENTS

MEDICAL PAYMENTS COVERAGE includes coverage for medical, surgical, and funeral expenses. My election for MED PAY is:

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## PHYSICAL DAMAGE

Physical damage coverages, Comprehensive and Collision, have been fully explained to me. I understand that I may choose to select these coverages or not, at my own discretion. I understand that if my vehicle is being used as collateral for a loan or lease my financial institution may require me to purchase these coverages and it will my duty to determine if this is the case. I understand that if I choose not to purchase these coverages I will receive no compensation for repair or replacement of damage to my vehicle, regardless of the cause of the damage. I understand that if a vehicle on my policy has a salvaged or rebuilt title physical damage coverages may be reduced or may not apply

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## OPTIONAL COVERAGES

I acknowledge and agree that I have been given the opportunity to purchase optional coverages, including, but not limited to; rental coverage, towing/roadside assistance coverage, custom parts and equipment coverage (protecting after-market parts, rim/wheels, stereo systems, etc.), OEM replacement parts, and loan protection/GAP coverage. I may select these coverages in the future, but they will not apply to losses that occur prior to the selected coverage being purchased.

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## VEHICLE USE

I understand that I have the obligation to advise my agent if my vehicle will, even occasionally, be used in the course of performing my job duties, in the course of doing business, or as a means to earn income. This includes app-based ride sharing services like Uber or Lyft, food delivery services such as DoorDash and UberEats, or renting your vehicle(s) on platforms such as Turo.

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## Listed Drivers

I confirm that I have disclosed all drivers in my household, this includes: your and your spouse, all household residents 15 years or age or older, all regular drivers of vehicles, all children who live away from home and drive vehicles, even occasionally, all persons who are titled owners of the vehicles listed. I understand that failure to disclose and list any drivers on this application may result in coverage being denied in the event of a claim and/or accident involving any undisclosed driver. In addition, failure to disclose any drivers may result in your policy being canceled.

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## UMBRELLA

I understand that I have the option to purchase an Umbrella and/or Excess Liability policy, which would extend my underlying limits of liability coverage. I have selected the following limits: \_\_\_\_\_ If available, optional UM/UIM: \_\_\_\_\_

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## ELECTRONIC COMMUNICATION

I would like to be on your email list so I can receive agency communications. I understand that my personal information is strictly confidential and will not be shared with any third party. I also agree to receive text messages for agency communication and policy related information or alerts. Standard text message rates apply.

Initials \_\_\_\_\_

\_\_\_\_\_  
Signature of Primary Insured

\_\_\_\_\_  
Date