



**STATE OF ARIZONA
DEPARTMENT OF INSURANCE**

JANET NAPOLITANO
Governor

2910 NORTH 44th STREET, 2ND FLOOR
PHOENIX, ARIZONA 85018-7256

CHARLES R. COHEN
Director

REGULATORY BULLETIN 2003-03¹

**TO: All Insurance Industry Representatives, Insurance Trade Associations,
Insurers That Sell Motor Vehicle Liability Insurance, And Interested Parties**

**FROM: Charles R. Cohen
Director of Insurance**

DATE: March 24, 2003

**RE: Revision of Form for Selection of Limits or Rejection of Uninsured Motorist
or Underinsured Motorist Coverage**

This regulatory bulletin amends Circular Letter 1998-5, dated August 11, 1998. Circular letter 1998-5 addressed Laws 1998, Ch. 288 (SB1273, effective August 21, 1998), a bill that amended A.R.S. § 20-259.01 and reinstated the requirement that every insurer writing automobile liability or motor vehicle liability policies in Arizona make available and offer, by written notice, uninsured motorist and underinsured motorist coverage, for all persons insured under the policy in limits not less than the policy's liability limits for bodily injury or death. A.R.S. § 20-259.01, as amended by SB1273, further requires an insurer to provide an applicant with a selection form containing written notice and an offer of uninsured and underinsured motorist coverage. The Department of Insurance must approve the offer form used by an insurer. With Circular Letter 1998-5, the Department provided forms, in English and Spanish, that insurers could use to satisfy the requirements of A.R.S. § 20-259.01.

Recently, the Department has been made aware that discrepancies exist between the English and Spanish versions of the forms previously provided. Therefore, the purpose of this Bulletin is to correct the discrepancies and to provide revised forms.

¹ This Substantive Policy Statement is advisory only. A Substantive Policy Statement does not include internal procedural documents that only affect the internal procedures of the Agency, and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this Substantive Policy Statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the Statement.

Those insurers electing to use the revised forms must complete the blank provided for the name of their insurance company on the attached forms and file them with the Department. The Department will consider for approval forms submitted by insurers which contain essentially the same information as the attached forms and which also include the insurer's name.

Please direct any questions regarding this bulletin to Deloris Williamson, Assistant Director for the Division of Rates and Regulations, 602-912-8466.

COMPANY NAME: _____

UNINSURED AND UNDERINSURED MOTORIST COVERAGE **SELECTION FORM**

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase *both* Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: _____

Options available for Uninsured and Underinsured Motorist coverages:

<u>Uninsured Motorist Liability</u>				<u>Underinsured Motorist Liability</u>			
Accept (Initial)	Reject (Initial)	Limit Of Liability	Premium	Accept (Initial)	Reject (Initial)	Limit Of Liability	Premium
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
I do not wish to purchase <u>UN</u> insured motorist coverage: _____ (initial)				I do not wish to purchase <u>UNDER</u> insured motorist coverage: _____ (initial)			

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

DO NOT SIGN UNTIL YOU READ

Signed: _____ Date: _____
(Named Insured)

Attached to application dated: _____

original - insurance company

copy - insured/applicant

copy - agent/broker file

EDITION DATE 7/98

NOMBRE DE COMPAÑÍA: _____

FORMA DE SELECCIÓN DE SEGURO DE COBERTURA AUTOMOVILISTICA CONTRA CONDUCTORES NO ASEGURADOS Y SUBASEGURADOS

NO FIRME ESTA FORMA HASTA QUE HAYA LEÍDO TODO CUIDADOSAMENTE

Dentro de la póliza automovilística que se le propone aquí, usted tiene el derecho legal de comprar seguro que lo cubre contra conductores no asegurados o, subasegurados. LAS PÓLIZAS QUE CONTIENEN PROTECCIONES CONTRA CONDUCTORES NO ASEGURADOS O SUBASEGURADOS LO PROTEGEN A USTED, A SU FAMILIA Y A SUS PASAJEROS. EN LA MAYORÍA DE LOS CASOS LA COBERTURA DE RESPONSABILIDAD ÚNICAMENTE NO ES SUFICIENTE.

Pólizas de seguro que contienen protección contra conductores no asegurados le disponen protección para Daños Corporales causados por un conductor negligente no asegurado.

Pólizas de seguro que contienen protección contra conductores subasegurados le disponen protección si la póliza del el conductor negligente no contiene cobertura suficiente de responsabilidad para pagar los Daños Corporales que se causen. Para mayor información y detalles de estos tipos de coberturas, consulte su póliza. Esta póliza le proporciona seguro de protección contra conductores no asegurados o subasegurados en la misma cantidad del límite de responsabilidad de Daños Coporales notados dentro la póliza, a menos que usted elija una cantidad menor, o ninguna cobertura como está declarado en este aviso.

Usted tiene el derecho de comprar ambas coberturas de protección contra conductores no asegurados y subasegurados en cualquier cantidad de protección empezando con \$30,000 por límite sencillo, (o en cantidades de \$15,000/\$30,000 en límites partidos) hasta satisfacer los límites de responsabilidad de la póliza, o puede rechazar las coberturas por completo. Ninguno de esos límites puede sobrepasar su cobertura de responsabilidad de Daños Corporales.

El límite de Daños Corporales de esta póliza es: _____.

Opciones disponibles de responsabilidad automovilística contra conductores no asegurados y subasegurados.

Limitaciones de Responsabilidad Contra Personas No Asegurados				Limitaciones de Responsabilidad Contra Personas Subsegurados			
Acepto	Rechazo	Límites	Costo	Acepto	Rechazo	Límites	Costo
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
No deseo comprar cobertura automovilística contra conductores no asegurados: _____ (iniciales)				No deseo comprar cobertura automovilística contra conductores subasegurados: _____ (iniciales)			

Yo entiendo y estoy de acuerdo que la selección de cualquiera de las opciones ofrecidas se aplicarán a mi póliza de responsabilidad. También entiendo y estoy de acuerdo que renovaciones o reemplazos en el futuro de dicha póliza serán emitidos a los mismos límites de responsabilidad de Daños Corporales. Si decido elegir otra opción en algún tiempo en el futuro, debo notificar a la compañía de seguros por forma escrita.

NO FIRME ESTA FORMA HASTA QUE HAYA LEÍDO TODO CUIDADOSAMENTE

Firma: _____ Fecha _____
(Nombre De Asegurado)

Adjunto a esta solicitud en la fecha de: _____