	CE OF BODILY INJURY LIABILIT	: oo:a:a:o=a:iiii
AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY:	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:
	READ THIS ENTIRE FORM CAREFU	ULLY
	THE PURPOSE OF THIS FORM	VI
injury liability insura	s form is to explain the choice you ha ance protection and to assist you in r pecause the choice you make will have	making that choice. Read
PART A: BODILY INJURY LIABILIT	Y INSURANCE COVERAGE EXPLA	INED
accident. Michigan auto insurance po than \$250,000 per person and up to s higher or lower limits depending on the	olicies are required to provide bodily in \$500,000 per accident ("\$250,000/\$50 he amount of protection you need. In	ies to others if you are at fault in an autinjury liability insurance coverage of not les 00,000") for these claims unless you sele no event can you select less than \$50,000, your policy will be issued with limits of
If you want bodily injury liabilit this form.	ty coverage limits of \$250,000/\$500,00	00 or more, you do NOT need to complet
PART B: INCREASED RISKS WITH	LOWER BODILY INJURY LIABILITY	Y INSURANCE COVERAGE LIMITS
as the costs of their medical and other injury liability limit of your policy will p be required to pay any amount over financial consequences, such as:	er care that exceed their coverage un bay for such damages, but only up to the the limit you choose. This amount co r a lien may be placed on your home; d; or	amages for their pain and suffering, as we nder their auto insurance policy. The bodi he amount of the limit you choose. You w ould be substantial and may lead to sever
		ect your eligibility for an umbrella policy.
PART C: CONFIRMATION OF UND	ERSTANDING—YOU MUST READ A	AND INITIAL EACH LINE
		ions available to me and the price for eac
(Initials) I understand that any bodil covered by this policy.	ly injury liability coverage election I ma	ake applies to me and any other person
(Initials) I understand that the bodily policy is in effect or until I do		se will remain the same as long as the
(2) I UNDERSTAND MY CHOICES A	AND THE POTENTIALLY SEVERE RI	THIS FORM OR HAD IT READ TO ME; ISKS DESCRIBED ABOVE; AND (3) I A IMITS LOWER THAN \$250,000/\$500,000

Date

Insured/Applicant Signature