MICHIGA GENCY:	APPLICANT/NAMED INSURED:	Y LIABILITY COVERAGE I	<u>-IMITS</u>
SENCT.	APPLICANT/NAMED INSURED.		
	INSURANCE COMPANY:		
	POLICY/QUOTE NO.:		EFFECTIVE DATE:
	READ THIS ENTIRE FO	RM CAREFULLY	l
	THE PURPOSE OF	THIS FORM	
injury liab	ose of this form is to explain the colility insurance protection and to as carefully because the choice you m	sist you in making that choice	e. Read
PART A: BODILY INJURY	LIABILITY INSURANCE COVERA	GE EXPLAINED	
accident. Michigan auto ins than \$250,000 per person a higher or lower limits deper	nce covers claims made against y urance policies are required to prov and up to \$500,000 per accident ("\$ nding on the amount of protection y per accident. If you do not make	ide bodily injury liability insura 250,000/\$500,000") for these ou need. In no event can you	nce coverage of not les claims unless you selec select less than \$50,00
If you want bodily in this form.	jury liability coverage limits of \$250	,000/\$500,000 or more, you do	NOT need to complete
PART B: INCREASED RIS	KS WITH LOWER BODILY INJUR	Y LIABILITY INSURANCE CO	OVERAGE LIMITS
as the costs of their medical injury liability limit of your po be required to pay any amo financial consequences, su	seized, or a lien may be placed on garnished; or	coverage under their auto insu only up to the amount of the li s amount could be substantial	ırance policy. The bodil mit you choose. You w
Selecting lower bodily injury	liability insurance coverage limits	may also affect your eligibility f	or an umbrella policy.
PART C: CONFIRMATION	OF UNDERSTANDING—YOU MU	ST READ AND INITIAL EAC	H LINE
I have received a option.	a list of all the bodily injury liability c	overage options available to m	e and the price for eacl
(Initials) I understand that covered by this p	t any bodily injury liability coverage policy.	election I make applies to me	and any other person
	t the bodily injury liability coverage or until I change them.	imits I choose will remain the s	same as long as the
(2) I UNDERSTAND MY CH	I ACKNOWLEDGE THAT: (1) I HA HOICES AND THE POTENTIALLY SE BODILY INJURY LIABILITY CO	SEVERE RISKS DESCRIBED	ABOVE; AND (3) I A
Named Insured/Applicant	Signature	Date	