MICHIGA	AN CHOICE OF BODILY INJURY LIABIL  APPLICANT/NAMED INSURED:	TY COVERAGE LIMITS
ici.	APPLICANT/INAINED INSURED.	
	INSURANCE COMPANY:	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:
	READ THIS ENTIRE FORM CARE	FULLY
	THE PURPOSE OF THIS FOR	м
injury liak	ose of this form is to explain the choice you bility insurance protection and to assist you ir carefully because the choice you make will ha	making that choice. Read
ART A: BODILY INJURY	LIABILITY INSURANCE COVERAGE EXPL	AINED
gher or lower limits deperer person and \$100,000 250,000/\$500,000.	and up to \$500,000 per accident ("\$250,000/\$nding on the amount of protection you need. I per accident. If you do not make a selection	n no event can you select less than \$50,0 n, your policy will be issued with limits
this form.	ijury liability coverage limits of \$250,000/\$500,	,
ART B: INCREASED RIS	SKS WITH LOWER BODILY INJURY LIABILI	Y INSURANCE COVERAGE LIMITS
s the costs of their medical jury liability limit of your p	juries to another person, you may be liable for all and other care that exceed their coverage uolicy will pay for such damages, but only up to ount over the limit you choose. This amount och as:	nder their auto insurance policy. The bod the amount of the limit you choose. You v
<ul><li>Your assets may be</li><li>Your wages may be</li></ul>	seized, or a lien may be placed on your home	
	y liability insurance coverage limits may also a	fect your eligibility for an umbrella policy.
	OF UNDERSTANDING—YOU MUST READ	
	a list of all the bodily injury liability coverage o	
I understand that covered by this p	t any bodily injury liability coverage election I i policy.	nake applies to me and any other person
	t the bodily injury liability coverage limits I cho t or until I change them.	ose will remain the same as long as the
	I ACKNOWLEDGE THAT: (1) I HAVE READ HOICES AND THE POTENTIALLY SEVERE	

Date

Named Insured/Applicant Signature