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Minneapolis, MN 55435–5288
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MMICGroup.com

Wisconsin UM/UIM Supplement

Name of Applicant: _____
(Whenever used, the term "Applicant" shall include all entities proposed for coverage.)

Policy Number (if applicable): _____

MMIC Insurance, Inc. is required by Wisconsin Statute 632.32 to offer uninsured motorists (UM) and underinsured motorists (UIM) coverage under the Healthcare Umbrella Liability policy. As such, the following two options are available. Please select one option by placing an "X" next to the option and include your signature, title and date.

Option 1 ____	**Purchase coverage under the Healthcare Umbrella Liability policy:** By placing an "X" next to Option 1, the Applicant is requesting UM/UIM coverage under the Healthcare Umbrella Liability policy. MMIC Insurance, Inc. requires that underlying limits are at least $1,000,000 per person and $1,000,000 per accident. There will be an additional charge based upon exposure. An endorsement will be attached to the Healthcare Umbrella Liability policy adding coverage. _____ _____ _____ Applicant Signature Title Date

Option 2 ____	**Reject Coverage:** By placing an "X" next to Option 2, the Applicant is rejecting UM/UIM coverage under the Healthcare Umbrella Liability policy. The following Rejection of UM/IUM Coverage must be signed authorizing rejection of the coverage. UM/UIM coverage will not be provided under the Healthcare Umbrella Liability policy. **Rejection of UM/UIM Coverage** MMIC Insurance, Inc. has offered to provide uninsured and underinsured motorist coverage under my umbrella policy, as required by Wisconsin Statute 632.32. I hereby reject the offer for UM/UIM coverage. I understand and acknowledge that my umbrella policy will not provide UM/UIM coverage. _____ _____ _____ Applicant Signature Title Date