



LOUISIANA DEPARTMENT OF INSURANCE
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BULLETIN NO. 01-05 AMENDED

Date: September 25, 2006
To: All Property and Casualty Insurance Companies
Writing Automobile Liability Insurance in Louisiana
From: James J. Donelon, Commissioner
Re: Uninsured/Underinsured
Motorists Coverage (LSA – R.S. 22:680)

Bulletin 01-05 – Amended is being issued by the Louisiana Department of Insurance (LDOI) to provide assistance all Property and Casualty Insurance Companies Writing Automobile Liability Insurance in Louisiana. Bulletin 01-05 Amended hereby amends original Bulletin 01-05 relative to the Uninsured/Underinsured Motorist Bodily Injury Coverage Form. The purpose of Bulletin 01-05 Amended is to inform all property and casualty insurance companies writing automobile liability insurance in Louisiana that, pursuant to Act No. 456 of the 2003 Regular Legislative Session, the Uninsured/Underinsured Motorist Bodily Injury Coverage Form has been repealed in LSA – R.S. 22:1406(D) and re-designated as LSA – R.S. 22:680.

The LDOI amends and re-promulgates Uninsured/Underinsured Motorist Bodily Injury Coverage Form that is to be captioned as follows:

STATE OF LOUISIANA

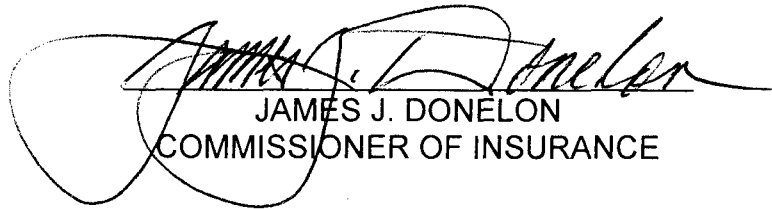
This form is in compliance with LSA – R.S. 22:680. This form may not be altered or modified.

**UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE
FORM**

Therefore, in accordance with the statutes referenced in original Bulletin 01-05, and Bulletin 01-05 Amended, the Commissioner hereby gives notice to all property and casualty insurers writing automobile liability insurance in Louisiana to immediately use the prescribed form attached hereto and made a part hereof by reference as if set forth herein *in extenso*. The insurer shall allow the insured or his legal representative, in accordance with LSA – R.S. 22:680, to execute the form by rejecting the said coverage, selecting lower limits, or selecting economic-only coverage thereby becoming conclusively presumed to become a part of the policy or contract when issued and delivered, irrespective of whether physically attached thereto. Use of the re-promulgated form is authorized for use beginning on September 25, 2006. The re-promulgated form is mandatory and shall be the exclusive form authorized for use in Louisiana as of January 1, 2007.

Questions regarding Bulletin 01-05 Amended should be directed to Rachelle Carter, Assistant Director of Policy Forms, at rcarter@ldi.state.la.us or by phone at 225-219-5100 or 225-342-1258.

Baton Rouge, Louisiana this 25th day of September 2006.



JAMES J. DONELON
COMMISSIONER OF INSURANCE

STATE OF LOUISIANA

This form is in compliance with LSA - R.S. 22:680. This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 3 and 4 below as "Not Available.")

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

- 1. I select UMBI Coverage which will compensate me for my economic and non-economic losses with the same limits as my Bodily Injury Liability Coverage.
Economic losses are those which can be measured in specific monetary terms including, but not limited to, medical costs, funeral expenses, lost wages, and out of pocket expenses.
Non-economic losses are losses other than economic losses and include, but are not limited to, pain, suffering, inconvenience, and mental anguish and other non-economic damages otherwise recoverable under the laws of this state.
2. I select UMBI Coverage which will compensate me for my economic and non-economic losses with limits lower than my Bodily Injury Liability Coverage limits:
\$ _____ each person \$ _____ each accident
3. I select Economic-Only UMBI Coverage which will compensate me only for my economic losses with the same limits as my Bodily Injury Liability Coverage.
4. I select Economic-Only UMBI Coverage which will compensate me only for my economic losses with limits lower than my Bodily Injury Liability Coverage limits:
\$ _____ each person \$ _____ each accident
5. I do not want UMBI Coverage. I understand that I will not be compensated through UMBI coverage for losses arising from an accident caused by an uninsured/underinsured motorist.

SIGNATURE

The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Bodily Injury Liability Coverage or UMBI Coverage.

Signature of a Named Insured or Legal Representative (please print)

Date

Signature of a Named Insured or Legal Representative

Date