



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
COMMISSIONER

BULLETIN 2024-02

TO: ALL PROPERTY AND CASUALTY INSURANCE COMPANIES

FROM: TIMOTHY J. TEMPLE, COMMISSIONER OF INSURANCE

**RE: UNINSURED/UNDERINSURED MOTORIST BODILY INJURY
COVERAGE FORM FOR COMMERCIAL AUTOMOBILE INSURANCE
POLICIES ONLY**

DATE: AUGUST 1, 2024

By Acts 2024, No. 770 of the Regular Session, the Louisiana Legislature amended [La. R.S. 22:1295](#) to provide for certain changes and additions to the statutory provisions governing the issuance of uninsured and underinsured motorist coverage (UM coverage) in Louisiana. With respect to commercial automobile insurance policies specifically, [La. R.S. 22:1295\(7\)](#) states that the “insured shall have the option of selecting (UM) coverage on a form promulgated by the commissioner.” If the insured does not select UM coverage on the promulgated form, or otherwise pay the premium rate for such coverage, a legal presumption will apply to the commercial policy or contract of no UM coverage.

The commissioner is currently in the process of promulgating the UM coverage form as required in [La. R.S. 22:1295\(7\)](#). Because the promulgation process includes certain time delays prescribed by law, the UM coverage form for commercial automobile insurance policies is attached to this Bulletin. Commercial insurers are instructed to use this form pending the final promulgation of the UM coverage form pursuant to the provisions of the Louisiana Administrative Procedure Act.

If there are any questions or concerns regarding Bulletin 2024-02, please contact the Deputy Commissioner for the Office of Property and Casualty at 225-342-5203 or electronically at public@ldi.la.gov.

Baton Rouge, Louisiana this 1st day of August 2024.

TIMOTHY J. TEMPLE
COMMISSIONER OF INSURANCE

STATE OF LOUISIANA

This form may not be altered or modified

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM APPLICABLE TO COMMERCIAL AUTOMOBILE INSURANCE POLICIES ONLY

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that 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. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that 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, mental anguish, and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will NOT include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to 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 2 and 3 below as "Not Available" or "NA.").

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 provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person | **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence |
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person | **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence |

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute, or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits, or UMBI Coverage.

Signature of Named Insured or Legal Representative

Print Name

Date

[Insurers may use this space or any space within the four corners of this form for optional policy identification information, individual company name, group name, and/or logo]