

UNDERINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the 12 month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)

AGENT _____

Number of vehicles subject to premiums below _____

POLICY/BINDER NUMBER _____

Rates include do not include multi-car discount.

Autos Scheduled on Policy
VEHICLE DESCRIPTION _____

<u>Bodily Injury Per Person</u>	<u>Bodily Injury Per Accident</u>	<u>Property Damage</u>		<u>Premium</u>	I SELECT (Check One)
OPTIONAL LIMITS					
\$ <u>20,000</u>	\$ <u>40,000</u>	\$ <u>10,000</u>	[A]	\$ _____	[A] _____
\$ <u>25,000</u>	\$ <u>50,000</u>	\$ <u>10,000</u>	[B]	\$ _____	[B] _____
\$ <u>50,000</u>	\$ <u>100,000</u>	\$ <u>10,000</u>	[C]	\$ _____	[C] _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>10,000</u>	[D]	\$ _____	[D] _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>50,000</u>	[E]	\$ _____	[E] _____
\$ _____	\$ _____	\$ _____	[F]	\$ _____	[F] _____
\$ _____	\$ _____	\$ _____	[G]	\$ _____	[G] _____
<u>REJECT</u>	<u>REJECT</u>	<u>REJECT</u>		<u>REJECT</u>	<input type="checkbox"/> I REJECT

A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

UNINSURED MOTORISTS COVERAGE OFFER

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UNINSURED MOTORISTS COVERAGE (MANDATORY)

AGENT

Number of vehicles subject to premiums below _____

Rates [] include [] do not include multi-car discount.

POLICY/BINDER NUMBER
Autos Scheduled on Policy

VEHICLE DESCRIPTION

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	I SELECT (Check One)
MANDATORY LIMITS				
\$ <u>20,000</u>	\$ <u>40,000</u>	\$ <u>10,000</u>	[A] \$ _____	[A] _____
OPTIONAL LIMITS				
\$ <u>25,000</u>	\$ <u>50,000</u>	\$ <u>10,000</u>	[B] \$ _____	[B] _____
\$ <u>50,000</u>	\$ <u>100,000</u>	\$ <u>10,000</u>	[C] \$ _____	[C] _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>10,000</u>	[D] \$ _____	[D] _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>50,000</u>	[E] \$ _____	[E] _____
\$ _____	\$ _____	\$ _____	[F] \$ _____	[F] _____
\$ _____	\$ _____	\$ _____	[G] \$ _____	[G] _____

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

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UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)

AGENT _____

Number of vehicles subject to premiums below _____

POLICY/BINDER NUMBER _____

Rates include do not include multi-car discount.

Autos Scheduled on Policy
VEHICLE DESCRIPTION _____

Single Limits

Premium

OPTIONAL LIMITS

\$ <u>50,000</u>	[A]	\$ _____
\$ <u>100,000</u>	[B]	\$ _____
\$ <u>200,000</u>	[C]	\$ _____
\$ <u>300,000</u>	[D]	\$ _____
\$ <u>350,000</u>	[E]	\$ _____
\$ _____	[E]	\$ _____
\$ _____	[G]	\$ _____

**I SELECT
(Check One)**

[A] _____
[B] _____
[C] _____
[D] _____
[E] _____
[F] _____
[G] _____

REJECT

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Single Limits

Premium

OPTIONAL LIMITS

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\$ <u>100,000</u>	[B]	\$ _____
\$ <u>200,000</u>	[C]	\$ _____
\$ <u>300,000</u>	[D]	\$ _____
\$ <u>350,000</u>	[E]	\$ _____
\$ _____	[E]	\$ _____
\$ _____	[G]	\$ _____

**I SELECT
(Check One)**

- [A] _____
- [B] _____
- [C] _____
- [D] _____
- [E] _____
- [F] _____
- [G] _____

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