

UNINSURED/UNDERINSURED MOTOR VEHICLE COVERAGE

IMPORTANT NOTICE

OFFER VOID AFTER THIRTY (30) DAYS

TO: PROPOSED POLICYHOLDER (APPLICANT): _____

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOU HAVE DECIDED NOT TO BUY OPTIONAL UNDERINSURED COVERAGES OR OPTIONAL LIMITS OF UNINSURED MOTORIST COVERAGE ABOVE THAT REQUIRED BY LAW.

OR

PRESENT POLICYHOLDERS: _____

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

UNinsured Motor Vehicle Coverage

The State of West Virginia requires that you purchase UNinsured motor vehicle coverage with limits not less than \$20,000 per person, \$40,000 per accident for uninsured bodily injury losses, and \$10,000 for uninsured property losses. The law also requires that you be given the opportunity to purchase higher limits. (See the charts on the attached form for coverages available to you.)

UNinsured Motor Vehicle Coverage will protect you and passengers in your car if you are injured in an accident that was caused by an uninsured driver who was at-fault, or an unidentified driver who was at-fault.

UNDERinsured Motor Vehicle Coverage

The State of West Virginia does not require you to purchase UNDERinsured motor vehicle coverage. However, the law does state that you must be given the opportunity to purchase this coverage at limits as high as your liability coverage.

If you and passengers in your car are involved in an accident in which the other driver is legally at fault, the at-fault driver's insurance policy has the obligation to pay for your damages. It is not uncommon that the at-fault driver will not have enough liability insurance to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, UNDERinsured motor vehicle coverage is available to you. This type of coverage will pay for the remainder of your damages up to your policy limits.

EXAMPLE:

You have purchased UNDERinsured motor vehicle coverage with limits of \$50,000 per person with a maximum of \$100,000 for any accident. You are in an accident where the other driver is at fault. The at-fault driver's liability policy limits are \$20,000 per person. You suffered damages of \$30,000. You receive \$20,000 from the at-fault driver's insurance. Since you still have outstanding losses of \$10,000, you can receive \$10,000 from your UNDERinsured motor vehicle coverage.

If you did not have UNDERinsured motor vehicle coverage, you may have found yourself in a situation where you did not have enough coverage to meet all of the losses you sustained in the accident.

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY#:	EFFECTIVE DATE

UNDERINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ 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 (MANDATORY) _____ AGENT

Number of vehicles subject to premiums below ____ . Policy/Binder No. _____

Rates include do not include multi-car discount.

Single Limits _____ Premium _____

OPTIONAL LIMITS

\$ _____ 50,000	[A] \$ _____ 66 / 62
\$ _____ 100,000	[B] \$ _____ 100 / 96
\$ _____ 200,000	[C] \$ _____ 139 / 132
\$ _____ 300,000	[D] \$ _____ 156 / 154
\$ _____ 350,000	[E] \$ _____ 165 / 156
\$ _____	[F] \$ _____
\$ _____	[G] \$ _____
_____ REJECT	_____ REJECT

I SELECT (Check One)
[A] _____
[B] _____
[C] _____
[D] _____
[E] _____
[F] _____
[G] _____
[] I REJECT

A named insured or applicant must select or reject coverage offered above, on 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.



**WEST VIRGINIA UNINSURED/UNDERINSURED MOTORISTS COVERAGE
OFFER OF SINGLE LIMIT LIABILITY**

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY#:	EFFECTIVE DATE

UNINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ 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.

UNINSURED MOTORISTS COVERAGE (MANDATORY) _____ AGENT

Number of vehicles subject to premiums below _____. Policy/Binder No. _____

Rates include do not include multi-car discount.

_____ Single Limits _____ Premium

**I SELECT
(Check One)**

MANDATORY LIMITS

\$ _____ 50,000 [A] \$ _____ 70 / 66

[A] _____

OPTIONAL LIMITS

\$ _____ 100,000 [B] \$ _____ 83 / 79

[B] _____

\$ _____ 200,000 [C] \$ _____ 90 / 85

[C] _____

\$ _____ 300,000 [D] \$ _____ 94 / 90

[D] _____

\$ _____ 350,000 [E] \$ _____ 96 / 90

[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

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