

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 NUMBER _____

Rates include do not include multi-car discount.

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

You may select limits up to the liability limits of your policy.

Split Limits Not Applicable

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.

X

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.

THIS IS NOT A BINDER

THIS IS NOT A BINDER

THIS IS NOT A BINDER

THIS IS NOT A BINDER

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 (OPTIONAL)

AGENT _____

Number of vehicles subject to premiums below _____

POLICY/BINDER NUMBER _____

Rates include do not include multi-car discount.

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

Split Limits Not Applicable

You may select limits up to the liability limits of your policy.

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 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.

X

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.

THIS IS NOT A BINDER

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