COR CER	— ™ OFFE	R OF S	<u>PLIT LIMITS L</u>	<u> IABILIT</u>	APPLICANT/N	AMED INSUF	SURED MOTO		
					COMPANY:	COMPANY:			
		SUB CODE			POLICY#:				
			UNINSU	JRED MC	OTORISTS C	OVERA	GE OFFER		
Below	are differer	nt limits	and the	mont	<u>h premium</u> av	ailable to	o you.		
00110	AND / NALIOT	00145			050 551 014	,		TIVE OFFER IN	
							REATE AN EFFEC ⁻ FSELECTION.	TIVE OFFER IN	ORDE
UNINS	SURED MOT	ORISTS	COVERAGE (MANDA	ΓORY)				AGENT
				(-
Numbe	er of vehicle	es subj	ect to premiu	ms belo	w F	Policy/Bi	nder No.		
D-1		-11-			10 1				
Rates	inc	clude	do not if	iciude	multi-car d	iscount.			
Bodily Injury Per Person		Bodily Injury Per Accident		P	roperty amage		Premium I SEL (Check		CT One)
MAND	ATORY LIM	MITS							
\$	20,000	\$	40,000	\$	10,000	[A]	\$	[A]	
OPTIC	NAL LIMIT	S							
\$	25,000	\$	50,000	\$	10,000	[B]	\$	[B]	
\$	50,000	\$	100,000	\$	10,000	[C]	\$	[C]	
\$	100,000	\$	300,000	\$	10,000	[D]	\$	[D]	
\$	100,000	\$	300,000	\$	50,000	[E]	\$	[E]	
\$		\$		\$		[F]	\$	 [F]	
\$		\$		\$			\$	[G]	
		· <u> </u>		·					
			• •	-	-		form in his or he		•
1	ave read the v this coverag			CE, attac	hed, on UNi	nsured	motor vehicle cove	rage and unde	rstand
							of UNinsured mo	tor vehicle co	verage
liste	ed above and	d have s	elected the cov	erage tha	at matches the	box I h	ave checked.		
	SIGNATUE	RE OF A	NAMED INSU	RED 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.

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									EFFECTIVE
		SUB CODE	i .		COMPANY: POLICY#:				
			UNDERIN	SURED	MOTORISTS	COVER	RAGE OFFER		
Belo	ow are differer	nt limits	and the	<u>mon</u>	th premium av	ailable to	o you.		
							REATE AN EFFECT		N ORDER
FOF	R THE CONSUI	MER TO	EXERCISE A	KNOWIN	IG AND INTEL	_LIGEN ⁻	T SELECTION OR R	EJECTION.	
UNE	DERINSURED	MOTOF	RISTS COVERA	AGE (OP	TIONAL)				AGENT
						- I. (D.			
Nun	nber of vehicle	es sub	ject to premiu	ms belo	ow	Policy/Bi	nder No.		
Rate	es inc	clude	do not in	nclude	multi-car d	iscount.			
В	odily Injury	Ē	Bodily Injury		Property		D	ISELE	
	Per Person		Per Accident		<u>Daṁagé</u>		Premium	(Check	One)
	FIONAL LIMITS			•					
\$	20,000	\$_	40,000	\$	10,000		\$	[A]	
\$_	25,000	\$_	50,000	\$	10,000		\$	[B]	
\$	50,000	\$_	100,000	\$	10,000	[C]	\$	[C]	
\$	100,000	\$_	300,000	\$	10,000	[D]	\$	[D]	
\$	100,000	\$_	300,000	\$	50,000	[E]	\$	[E]	
\$		\$_		\$		[F]	\$	[F]	
		\$_		\$		[G]	\$	[G]	
\$	REJECT		REJECT		REJECT		REJECT	[] <u>IR</u> E	JECT
\$		ıred or	annlicant mu	ıst sala	ct or reject	coverac	ne offered above	on this part	of the
_	A named insu						jo enerea abere,	on time pair	00
	A named insuform, in his or	her ow	iii iiaiiawiitiiig				rad mater vehicle	ooverage and	
f	orm, in his or have read the	e IMPC	ORTANT NOTIC	CE, atta	ched, on UNI	DERinsu	irea motor venicie	coverage and	under-
f s	form, in his or have read the stand how this o	e IMPC overage	DRTANT NOTIC e works.				UNDERinsured mo	-	

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.