

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

**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.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	<b>I SELECT (Check One)</b>
<b>MANDATORY LIMITS</b>				
\$ _____ 20,000	\$ _____ 40,000	\$ _____ 10,000	[A] \$ _____	[A] _____
<b>OPTIONAL LIMITS</b>				
\$ _____ 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] \$ _____	[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.

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

**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 No. \_\_\_\_\_

Rates  include  do not include multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	<b>I SELECT (Check One)</b>
<b>OPTIONAL LIMITS</b>				
\$ _____ 20,000	\$ _____ 40,000	\$ _____ 10,000	[A] \$ _____	[A] _____
\$ _____ 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] \$ _____	[G] _____
REJECT	REJECT	REJECT	REJECT	[ ] 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.