



**WEST VIRGINIA UNINSURED/UNDERINSURED MOTORISTS COVERAGE
OFFER OF SPLIT LIMITS LIABILITY**

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

UNINSURED MOTORISTS COVERAGE (MANDATORY)

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.

Number of vehicles subject to premiums below _____. Vehicle Description: _____

Rates include do not include multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium
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Your present coverage is:

\$ _____	\$ _____	\$ _____	\$ _____
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MANDATORY LIMITS

\$ 20,000	\$ 40,000	\$ 10,000	[A] \$ _____
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OPTIONAL LIMITS

\$ 25,000	\$ 50,000	\$ 10,000	[B] \$ _____
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\$ 50,000	\$ 100,000	\$ 10,000	[C] \$ _____
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\$ 100,000	\$ 300,000	\$ 10,000	[D] \$ _____
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\$ 100,000	\$ 300,000	\$ 50,000	[E] \$ _____
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\$ _____	\$ _____	\$ _____	[F] \$ _____
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\$ _____	\$ _____	\$ _____	[G] \$ _____
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**I SELECT
(Check One)**

[A] _____

[B] _____

[C] _____

[D] _____

[E] _____

[F] _____

[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 (OPTIONAL)

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.

Number of vehicles subject to premiums below _____. Vehicle Description: _____

Rates include do not include multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium
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Your present coverage is:

\$ _____	\$ _____	\$ _____	\$ _____
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OPTIONAL LIMITS

\$ 20,000	\$ 40,000	\$ 10,000	[A] \$ _____
\$ 25,000	\$ 50,000	\$ 10,000	[B] \$ _____
\$ 50,000	\$ 100,000	\$ 10,000	[C] \$ _____
\$ 100,000	\$ 300,000	\$ 10,000	[D] \$ _____
\$ 100,000	\$ 300,000	\$ 50,000	[E] \$ _____
\$ _____	\$ _____	\$ _____	[F] \$ _____
\$ _____	\$ _____	\$ _____	[G] \$ _____
REJECT	REJECT	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.