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.

<table>
<thead>
<tr>
<th>Bodily Injury</th>
<th>Bodily Injury</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person</td>
<td>Per Accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your present coverage is:

$__________ $__________ $__________ $__________

MANDATORY LIMITS

$ __ 20,000 $ __ 40,000 $ __ 10,000 [A] $__________ [A] _______

OPTIONAL LIMITS

$ __ 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] _______

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.

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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.

<table>
<thead>
<tr>
<th>Bodily Injury Per Person</th>
<th>Bodily Injury Per Accident</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your present coverage is:

$_____________ $_____________ $_____________ $_____________  

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 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.