

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

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.

_____ Single Limits _____ Premium

**I SELECT
(Check One)**

MANDATORY LIMITS

\$ _____ 50,000 [A] \$ _____

[A] _____

OPTIONAL LIMITS

\$ _____ 100,000 [B] \$ _____

[B] _____

\$ _____ 200,000 [C] \$ _____

[C] _____

\$ _____ 300,000 [D] \$ _____

[D] _____

\$ _____ 350,000 [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 (MANDATORY) _____ AGENT

Number of vehicles subject to premiums below _____. Policy/Binder No. _____

Rates **include** **do not include** multi-car discount.

_____ Single Limits _____ Premium

OPTIONAL LIMITS

\$ _____ 50,000	[A]	\$ _____
\$ _____ 100,000	[B]	\$ _____
\$ _____ 200,000	[C]	\$ _____
\$ _____ 300,000	[D]	\$ _____
\$ _____ 350,000	[E]	\$ _____
\$ _____	[F]	\$ _____
\$ _____	[G]	\$ _____
_____ <u>REJECT</u>		_____ <u>REJECT</u>

**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.