



# PENNSYLVANIA AUTO SUPPLEMENT

PRODUCER

APPLICANT/NAMED INSURED

CODE:

SUB CODE:

COMPANY:

POLICY #:

EFFECTIVE DATE

## UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Uninsured Motorist Coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Uninsured motorist protection is insurance coverage you carry on your own policy that protects only you and your family if you or they are injured by a negligent driver who fails to have any insurance coverage.

If you do not want this coverage, the first named insured must sign the appropriate line below. If you want this coverage, please select the appropriate limit on the application.

### **Rejection of Uninsured Motorist Protection**

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

### **Rejection of "Stacked Limits" for Uninsured Motorist Coverage**

If you have chosen to keep uninsured motorist coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of uninsured motorist coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of uninsured motorist coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Uninsured Motorist Coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

2. I want to reject stacking and choose non-stacking Uninsured Motorist Coverage.

By signing this waiver, I am rejecting limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_