



Name and address of Insured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date: \_\_\_\_\_  
Policy no. \_\_\_\_\_  
Issued by \_\_\_\_\_

Policy period : \_\_\_\_\_

If you have any questions, please contact  
HALCYON UNDERWRITERS, INC.  
2600 LAKE LUCIEN DR #304  
MAITLAND, FL 32751-7234  
407-660-1881

**Part I: SELECT THE LIMIT** (Please select **one** of the following):

- I reject excess uninsured motorists protection entirely.
- My amount of excess liability coverage is \$\_\_\_\_\_; my amount of excess uninsured motorists protection is \$\_\_\_\_\_. I elect to make no changes to my excess uninsured motorists protection amount of coverage.
- My amount of excess liability coverage is \$\_\_\_\_\_, I elect the following amount of coverage for excess uninsured motorists protection, which is lower than my \$\_\_\_\_\_ excess liability coverage:
- |                                     |                                     |                                       |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$ 20,000  | <input type="checkbox"/> \$ 200,000 | <input type="checkbox"/> \$ 1,000,000 |
| <input type="checkbox"/> \$ 50,000  | <input type="checkbox"/> \$ 300,000 |                                       |
| <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> \$ 500,000 |                                       |

**Part II: SELECT NONSTACKED OR STACKED COVERAGE**

(Do not complete this part if you have rejected excess uninsured motorists protection.)

**Nonstacked Coverage**

**Examples of "Nonstacked" coverage:**

- A. If you or a family member is injured while occupying a motor vehicle owned by you or a family member, and you have elected a \$300,000 amount of "nonstacked" excess uninsured motorists protection on three vehicles you insure with us, you will be provided up to \$300,000 of excess uninsured motorists protection benefits for any one accident.
- B. If you or a family member is injured while occupying a motor vehicle which is not owned by you or a family member, or you are struck as a pedestrian, you are eligible for excess uninsured motorists protection up to the highest limits available on any one vehicle you insure. If you have elected a \$300,000 amount of "nonstacked" excess uninsured motorists protection on three vehicles you insure with us, you will be provided up to \$300,000 of excess uninsured motorists protection benefits for any one accident.
- C. Excess uninsured motorists protection will not apply to vehicles which are owned or registered by you or a family member that are not insured by us.
- I elect the nonstacked form of excess uninsured motorists protection which will result in a lower premium than the stacked form of coverage.

(Please complete both sides)

**Stacked Coverage**

**Example of "Stacked" coverage:**

If you or a family member is injured while occupying a motor vehicle owned by you or a family member, and you have elected a \$300,000 amount of "stacked" excess uninsured motorists protection on three vehicles you insure with us, you are eligible up to \$900,000 of excess uninsured motorists protection benefits for any one accident.

I elect the stacked form of excess uninsured motorists protection.

I understand and agree that selection of the above options applies to my excess uninsured motorists protection liability insurance policy and any future renewals of this policy will be issued at the same excess uninsured motorists protection bodily injury liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

**You must complete and return this form within 30 days indicating your excess uninsured motorists protection selections. If the form is not returned, your policy will not continue.**

\_\_\_\_\_  
Signature of any individual named  
in the Coverage Summary

\_\_\_\_\_  
Date

(Note: The signature of any individual named in the Coverage Summary affirms that the elections made on this form apply to all individuals named in the Coverage Summary, and any other person or entity covered under the policy indicated at the top of this form.)