

**ELECTION OF UNINSURED MOTORISTS COVERAGE  
FLORIDA**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorist coverage provides for payments, of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit, or reject Uninsured Motorist coverage entirely. To make your selection, sign your name and mail it to your agent that is listed on your Declarations page.

Please indicate below whether you desire to entirely reject Uninsured Motorist coverage, whether you desire this coverage at limits equal to your Bodily Injury coverage, or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy:

- I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- I select Uninsured Motorist limits equal to my Bodily Injury limits. (If you select this option disregard the bold face statement above.)
- I select the following Uninsured Motorist limit which is lower than my Bodily Injury Liability limit (You cannot select limits which are greater than your Bodily Injury Liability limits). Please indicate choice below:
  - \$10,000 per person/\$20,000 per accident
  - \$15,000 per person/\$30,000 per accident
  - \$20,000 per person/\$40,000 per accident
  - \$25,000 per person/\$50,000 per accident
  - \$50,000 per person/\$100,000 per accident
  - \$100,000 per person/\$200,000 per accident
  - \$100,000 per person/\$300,000 per accident
  - \$250,000 per person/\$500,000 per accident
  - \$300,000 per person/\$300,000 per accident
  - \$500,000 per person/\$500,000 per accident
  - \$500,000 per person/\$1,000,000 per accident
  - \$1,000,000 per person/\$1,000,000 per accident

**NEW CLIENTS:**

**IF YOU DO NOT SELECT ANY OF THE ABOVE, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST COVERAGE EQUAL TO YOUR BODILY INJURY LIABILITY COVERAGE.**

**RENEWAL CLIENTS:**

**IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED A SELECTION OF COVERAGE FORM, NO FURTHER ACTION IS REQUIRED.**

**IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE ABOVE AND SUBMIT A REVISED FORM.**

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

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Policy Number

## ELECTION OF NON-STACKED COVERAGE

**(Do not complete if you rejected Uninsured Motorist Coverage)**

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. Under this form, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

I hereby elect the non-stacked form of Uninsured Motorist coverage.

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED A SELECTION OR REJECTION OF COVERAGE FORM. NO FURTHER ACTION IS REQUIRED.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

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Signature/Date

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Policy Number