

FLORIDA
PERSONAL UMBRELLA
UNINSURED MOTORISTS COVERAGE
ACCEPTANCE/REJECTION FORM

Florida law requires that we offer you Uninsured Motorists Coverage at limits up to \$1,000,000 per occurrence.

- Limit of Liability: \$ 1,000,000 per occurrence
- I reject this coverage

I understand and agree that the limit of liability for Uninsured Motorists Coverage, or rejection of Uninsured Motorists Coverage shown above applies to my Personal Umbrella Policy and that future renewals or replacements of such policy will be issued as indicated above. If I wish to change my selection at some future time, I must let SAFECO or my agent know in writing.

_____ Policy Number	<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">_____ MONTH DAY YEAR (Date of signature)</td><td style="width: 50%; border: none;">_____ Signature of Named Insured</td></tr><tr><td style="border: none;"></td><td style="border: none;">_____ Signature of Named Insured</td></tr></table>	_____ MONTH DAY YEAR (Date of signature)	_____ Signature of Named Insured		_____ Signature of Named Insured
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