



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):

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

(If you choose an uninsured motorists protection limit equal to your vehicle liability coverage, the statement above does not apply.)

I reject uninsured motorists protection entirely.

My amount of vehicle liability coverage is \$ _____; my amount of uninsured motorists protection is \$ _____. I elect to make no changes to my uninsured motorists protection amount of coverage.

My amount of vehicle liability coverage is \$ _____. I elect the following amount of coverage for uninsured motorists protection:

\$ 20,000 \$ 100,000 \$ 300,000 \$ 1,000,000
 \$ 50,000 \$ 200,000 \$ 500,000

Part II: SELECT NONSTACKED OR STACKED COVERAGE

(Do not complete this part if you have rejected 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" uninsured motorists protection on three vehicles you insure with us, you will be provided up to \$300,000 of 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 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" uninsured motorists protection on three vehicles you insure with us, you will be provided up to \$300,000 of uninsured motorists protection benefits for any one accident.

(Please complete both sides)

C. 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 uninsured motorists protection which will result in a lower premium than the stacked form of coverage.

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" uninsured motorists protection on three vehicles you insure with us, we will provide up to \$900,000 of uninsured motorists protection benefits for any one accident.

I elect the stacked form of uninsured motorists protection.

I understand and agree that selection of the above options applies to my uninsured motorists protection liability insurance policy and any future renewals of this policy will be issued at the same 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 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.)