

UNINSURED MOTORISTS COVERAGE OPTION

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.

Florida law requires that you be given the opportunity to purchase Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits of your policy (shown on the enclosed Declarations page). You also may elect to buy lower limits or to reject this coverage altogether.

Uninsured Motorists Coverage covers you, a family member (as defined by the policy), or guest in your car if one of you is injured by an at-fault driver who has no insurance or who does not have enough insurance to pay for all your covered injuries.

To determine your needs, please consider the kinds of coverage available, the limits available and the right combination of these. Typical limits chosen by our customers in Florida include:

Per Person/Per Accident	
\$10,000/\$20,000	\$100,000/\$300,000
\$25,000/\$50,000	\$250,000/\$500,000
\$50,000/\$100,000	\$500,000/\$500,000

(Initials)

- _____ I hereby select Uninsured Motorist Limits of \$ _____, which are lower than my Bodily Injury Liability limits, which I have reviewed.
- _____ I hereby reject this coverage altogether. I do not wish to carry Uninsured Motorists Coverage at all.
- _____ I hereby select Uninsured Motorist Limits equal to the Bodily Injury Liability Limits of my policy. (If this statement is selected, the Warning at the top of this form does not apply.)

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 or my agent know in writing.

Applicant's Signature _____ Date _____

Named Insured _____ Policy# _____

To determine what you need, please consider: (1)the kinds of coverage available; (2)the limits available; and (3)the right combination of these. Please contact your agent for the professional advice needed to make a fully informed decision.

IMPORTANT: IF YOU ELECT NOT TO CHANGE THE TYPE OR LIMIT OF COVERAGE, THEY WILL REMAIN AS SHOWN ON YOUR POLICY OR LATEST DECLARATIONS PAGE. YOU NEED NOT COMPLETE THIS FORM.

ELECTION OF NON-STACKED COVERAGE
(Complete Only If You are Making A Change to Your Policy)

There are also two kinds of this coverage available: **STACKED** and **NON-STACKED**. If you buy **STACKED** coverage, the limits for each vehicle insured for this coverage are added together (stacked) to determine the amount available. If you buy **NON-STACKED** coverage, the amount available is the limit for any one insured vehicle. **NON-STACKED** coverage costs less than **STACKED** coverage. Your policy automatically provides Stacked Uninsured Motorists Coverage unless you have chosen Non-Stacked Uninsured Motorists Coverage.

If this policy insures only one car, you now have the option of selecting between stacked and non-stacked Uninsured Motorists Coverage. You may elect to buy either kind. Your Declarations reflects the current type of Uninsured Motorists Coverage you have.

(Initials)

_____ I hereby select the STACKED Uninsured Motorists Coverage.

_____ I hereby select the NON-STACKED Uninsured Motorists Coverage.

Applicant's
Signature _____

Date _____

Named Insured _____

Policy# _____