

**EXCESS UNINSURED MOTORISTS COVERAGE – FLORIDA
PERSONAL LIABILITY UMBRELLA OF SECURITY (PLUS POLICY)**

Excess Uninsured Motorists Coverage for \$1,000,000 limit of liability is available for purchase as a coverage option on your Florida PLUS Policy.

Uninsured Motorists Coverage protects you, your family, and any guests for bodily injury caused by the owner or operator of a vehicle when the owner or operator of the vehicle does not have liability insurance, has liability insurance with limits lower than the amount of damages an insured can recover, or when bodily injury is caused by a hit-and-run vehicle.

Your primary Uninsured Motorists Coverage is usually purchased on your Personal Auto Policy. PLUS is an excess policy and Uninsured Motorists Coverage under this policy will not begin until the full amount available under any other insurance has been paid and any remaining damages exceed the deductible applicable to this coverage.

If you have any questions regarding this coverage, your Agent or Representative will be happy to help you.

Election or Rejection of Coverage Notice

I understand that I may purchase Excess Uninsured Motorists Coverage at \$1,000,000 limit of liability. Please indicate choice with an "X".

I elect to purchase Excess Uninsured Motorists Coverage.

If you elect to add Uninsured Motorists Coverage to your PLUS Policy, the UM Limit on your Automobile Policy(ies) must be no less than \$250,000 per person/\$500,000 per accident (split limits) or \$500,000 per accident (single limit).

If you choose not to purchase Excess Uninsured Motorists Coverage, please indicate choice below with an "X".

I reject Excess Uninsured Motorists Coverage (I do not want any Uninsured Motorists Coverage on my PLUS policy).

I understand either of the above elections will apply to all future endorsements/changes, and/or renewals/continuations in my policy unless I notify the Company in writing of a new election.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Named Insured Signature: _____

Date Signed:	Policy Number:	Agency: