

Named Insured

Policy Number

**FLORIDA NOTICE
UNINSURED MOTORIST COVERAGE**

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 payment 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 as to 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 offered by the company or reject Uninsured Motorist Coverage entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage; whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy; or whether you desire this coverage at limits equal to your Bodily Injury Liability limits.

- a. I, the undersigned Named Insured, for each insured in the policy, hereby reject Uninsured Motorist Coverage. (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)
- b. I, the undersigned Named Insured, for each insured in the policy, hereby select the following Uninsured Motorist Coverage limits, which are lower than my policy's Bodily Injury Liability limits, but not lower than \$10,000 each person and (subject to the each person limit) \$20,000 each accident or \$20,000 each accident (combined single limit):
- \$ _____ each person
\$ _____ each accident (subject to the each person limit) **OR**
- \$ _____ each accident (combined single limit)
- c. I, the undersigned Named Insured, for each insured in the policy, hereby select Uninsured Motorist Coverage limits equal to my policy's Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

ELECTION OF NON-STACKED COVERAGE

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

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorist Coverage. Under non-stacked Uninsured Motorist Coverage, 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 an 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 Motorist 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 non-stacked Uninsured Motorist Coverage 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, the undersigned Named Insured, for each insured in the policy, hereby elect non-stacked Uninsured Motorist Coverage.

I understand and agree that the choice(s) indicated above will apply to this policy and all future policies which renew, extend, change, supercede, replace or reinstate this policy unless a written request for a change in coverage is received and approved by the Company and all appropriate premiums have been paid in connection with the requested change in coverage.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title