

IMPORTANT NOTICE

(West Virginia)

OFFER VOID AFTER THIRTY (30) DAYS

TO: **PROPOSED POLICYHOLDERS (APPLICANT);**

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOU HAVE DECIDED NOT TO BUY OPTIONAL UNDERINSURED COVERAGES OR OPTIONAL LIMITS OF UNINSURED MOTORIST COVERAGE ABOVE THAT REQUIRED BY LAW.

OR

PRESENT POLICYHOLDERS;

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

Uninsured Motor Vehicle Coverage

The State of West Virginia requires that you purchase **Uninsured** motor vehicle coverage with limits not less than \$20,000 per person, \$40,000 per accident for uninsured bodily injury losses, and \$10,000 for uninsured property losses. The law also requires that you be given the opportunity to purchase higher limits.

Uninsured Motor Vehicle Coverage will protect you and passengers in your car if you are injured in an accident that was caused by an uninsured driver who was at-fault, or an unidentified driver who was at-fault.

UNDERinsured Motor Vehicle Coverage

The State of West Virginia **does not require** you to purchase **UNDERinsured** motor vehicle coverage. However, the law does state that you must be given the opportunity to purchase this coverage at limits as high as your liability coverage.

If you and passengers in your car are involved in an accident in which the other driver is legally at fault, the at-fault driver's insurance policy has the obligation to pay for your damages. It is not uncommon that the at-fault driver will not have enough liability insurance to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, **UNDERinsured motor vehicle coverage** is available to you. This type of coverage will pay for the remainder of your damages up to your policy limits.

EXAMPLE:

You have purchased **UNDERinsured** motor vehicle coverage with limits of \$50,000 per person with a maximum of \$100,000 for any accident. You are in an accident where the other driver is at fault. The at-fault driver's liability policy limits are \$20,000 per person. You suffered damages of \$30,000. You receive \$20,000 from the at-fault driver's insurance. Since you still have outstanding losses of \$10,000, you can receive \$10,000 from your **UNDERinsured** motor vehicle coverage.

If you did not have **UNDERinsured motor vehicle coverage**, you may have found yourself in a situation where you did not have enough coverage to meet all of the losses you sustained in the accident.

UNINSURED MOTORISTS COVERAGE OFFER (West Virginia)

Below are different limits and the _____ **month premium** available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNINSURED MOTORISTS COVERAGE (MANDATORY) _____
AGENT

Number of vehicles subject to premiums below _____
POLICY/BINDER NUMBER _____

Rates [] **include** [] **do not include** multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	I SELECT (Select One)
MANDATORY LIMITS				
\$ _____ 20,000	\$ _____ 40,000	\$ _____ 10,000	[A] \$ _____	[A] _____
OPTIONAL LIMITS				
\$ _____ 25,000	\$ _____ 50,000	\$ _____ 10,000	[B] \$ _____	[B] _____
\$ _____ 50,000	\$ _____ 100,000	\$ _____ 25,000	[C] \$ _____	[C] _____
\$ _____ 100,000	\$ _____ 300,000	\$ _____ 50,000	[D] \$ _____	[D] _____
\$ _____ 250,000	\$ _____ 500,000	\$ _____ 100,000	[E] \$ _____	[E] _____
\$ _____ 500,000	\$ _____ 1,000,000	\$ _____	[F] \$ _____	[F] _____
\$ _____	\$ _____	\$ _____	[G] \$ _____	[G] _____

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

UNDERINSURED MOTORISTS COVERAGE OFFER (West Virginia)

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL) _____
AGENT

Number of vehicles subject to premiums below _____
POLICY/BINDER NUMBER

Rates [] **include** [] **do not include** multi-car discount.

<u>Bodily Injury Per Person</u>	<u>Bodily Injury Per Accident</u>	<u>Property Damage</u>	<u>Premium</u>	I SELECT (Check One)
OPTIONAL LIMITS				
\$ _____ 20,000	\$ _____ 40,000	\$ _____ 10,000	[A] \$ _____	[A] _____
\$ _____ 25,000	\$ _____ 50,000	\$ _____ 10,000	[B] \$ _____	[B] _____
\$ _____ 50,000	\$ _____ 100,000	\$ _____ 25,000	[C] \$ _____	[C] _____
\$ _____ 100,000	\$ _____ 300,000	\$ _____ 50,000	[D] \$ _____	[D] _____
\$ _____ 250,000	\$ _____ 500,000	\$ _____ 50,000	[E] \$ _____	[E] _____
\$ _____ 500,000	\$ _____ 1,000,000	\$ _____ 100,000	[F] \$ _____	[F] _____
\$ _____	\$ _____	\$ _____	[G] \$ _____	[G] _____
REJECT	REJECT	REJECT	REJECT	[] I REJECT

A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject the optional limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

**UNINSURED MOTORISTS COVERAGE OFFER
(West Virginia)**

Below are different limits and the _____ **month premium** available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNINSURED MOTORISTS COVERAGE (MANDATORY)

AGENT

Number of vehicles subject to premiums below _____ .

POLICY/BINDER NUMBER

Rates [] **include** [] **do not include** multi-car discount.

	<u>Single Limits</u>		<u>Premium</u>		I SELECT (Check One)
MANDATORY LIMITS	\$ _____ 50,000	[A]	\$ _____	[A]	_____
OPTIONAL LIMITS	\$ _____ 100,000	[B]	\$ _____	[B]	_____
	\$ _____ 250,000	[C]	\$ _____	[C]	_____
	\$ _____ 350,000	[D]	\$ _____	[D]	_____
	\$ _____ 500,000	[E]	\$ _____	[E]	_____
	\$ _____ 1,000,000	[F]	\$ _____	[F]	_____
	\$ _____	[G]	\$ _____	[G]	_____

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection of coverage is binding on all persons covered under the policy. These limits apply until a change in limits is requested.

**UNDERINSURED MOTORISTS COVERAGE OFFER
(West Virginia)**

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)

AGENT

Number of vehicles subject to premiums below _____ .

POLICY/BINDER NUMBER

Rates [] **include** [] **do not include** multi-car discount.

	<u>Single Limits</u>		<u>Premium</u>	I SELECT (Check One)
OPTIONAL LIMITS	\$ _____ 50,000	[A]	\$ _____	[A] _____
	\$ _____ 100,000	[B]	\$ _____	[B] _____
	\$ _____ 250,000	[C]	\$ _____	[C] _____
	\$ _____ 350,000	[D]	\$ _____	[D] _____
	\$ _____ 500,000	[E]	\$ _____	[E] _____
	\$ _____ 1,000,000	[F]	\$ _____	[F] _____
	\$ _____	[G]	\$ _____	[G] _____
	REJECT		REJECT	[] I REJECT

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject the optional limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in limits is requested.