

Named Insured

Policy Number

**FLORIDA
UNINSURED MOTORIST COVERAGE
SELECTION/REJECTION**

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 LIMIT(S) WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage (which may be provided as each person/each accident limits or as an each accident single limit) 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 liability limits are less than your damages (underinsured motor vehicle).

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Liability Coverage limit(s) in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorist Coverage entirely. The limit you select may not be lower than the minimum requirement of \$10,000 each person and \$20,000 each accident (subject to the each person limit) or \$20,000 each accident.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage; or whether you select limits for this coverage either lower than or equal to the Liability Coverage limit(s) of your policy.

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 (UM) Coverage limit(s), which is lower than my Liability Coverage limit(s), but not lower than \$10,000 each person and \$20,000 each accident (subject to the each person limit) or \$20,000 each accident. (Please select one UM each person/each accident split limit option OR one each accident single limit option):

<u>UM Limits</u> <u>(Each Person/Each Accident)</u>	OR	<u>UM Limit</u> <u>(Each Accident)</u>
<input type="checkbox"/> 10,000/20,000		<input type="checkbox"/> 20,000
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000		<input type="checkbox"/> 200,000
<input type="checkbox"/> 1,000,000/2,000,000		<input type="checkbox"/> 250,000
<input type="checkbox"/> 2,500,000/5,000,000		<input type="checkbox"/> 300,000
<input type="checkbox"/> 5,000,000/10,000,000		<input type="checkbox"/> 350,000
		<input type="checkbox"/> 400,000
		<input type="checkbox"/> 500,000
		<input type="checkbox"/> 600,000
		<input type="checkbox"/> 750,000
		<input type="checkbox"/> 1,000,000

- 1,500,000
- 2,000,000
- 2,500,000
- 3,000,000
- 5,000,000
- 7,500,000
- 10,000,000

c. I, the undersigned Named Insured, for each insured in the policy, hereby select Uninsured Motorist Coverage limit(s) equal to my Liability Coverage Limit(s) (as either each person/each accident UM limits or each accident UM limit). (If you select this option disregard the bold face statement above.)

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection(s) will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make an election in writing to change my selection(s) which is received and approved by the Company.

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

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title