

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 LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage (which may be provided in Split Limits or as a Combined 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 limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage (which may be provided in Split Limits or as a Combined Single Limit), at limits equal to the Bodily Injury Liability Coverage limits 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 (subject to the each person limit) \$20,000 each accident or \$20,000 each accident (Combined Single Limit).

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage (which is applicable to both Split Limit Uninsured Motorist Coverage and Combined Single Limit Uninsured Motorist Coverage); or whether you select limits for this coverage either lower than or equal to the Bodily Injury Liability Coverage limits of your policy (in either Split Limits or as a Combined Single Limit).

- a. I, the undersigned Named Insured, for each insured in the policy, hereby reject Uninsured Motorist Coverage (which is applicable to both Split Limit Uninsured Motorist Coverage and Combined Single Limit 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 limits (in either Split Limits or as a Combined Single Limit), which are lower than my Bodily Injury Liability Coverage 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) (Please select one Split Limits UM option OR one Combined Single Limit UM option):

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</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

- 750,000
- 1,000,000
- 1,500,000
- 2,000,000
- 2,500,000
- 3,000,000
- 5,000,000
- 7,500,000
- 10,000,000

ELECTION OF NON-STACKED COVERAGE if you are an Individual Named Insured
 (applicable to either Split Limit Uninsured Motorist Coverage or Combined Single Limit Uninsured Motorist Coverage)

(The choice made here can be reviewed and revised at policy renewal.)
 (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 if you, the named insured, are an individual. (If you, the named insured, are not an individual, stacked coverage is not an available option and your policy will only include non-stacked coverage.) Under non-stacked Uninsured Motorist Coverage, if injury occurs in a vehicle owned or leased by 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. This policy will not apply if you select the coverage available under any other policy issued to you.

If you are an individual and elect not 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 individual, for each insured in the policy, hereby elect non-stacked Uninsured Motorist Coverage.

I understand the protection afforded by Split Limit or Combined Single Limit Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Split Limit or Combined Single Limit 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