

Named Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

**PENNSYLVANIA NOTICE UNINSURED  
MOTORIST COVERAGE  
SELECTION/REJECTION**

**THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORIST COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.**

In accordance with Pennsylvania law, the undersigned Named Insured, for each insured in the policy, makes the following selection(s): (mark applicable option(s) with an "X")

**REJECTION OF UNINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**SELECTION OF LIMITS**

Selects uninsured motorist (UM) coverage with the following coverage limit, which is not less than Pennsylvania's minimum vehicle liability insurance limit requirement for bodily injury, and not greater than the limits of my Liability Coverage:

<u>Split Limits UM</u>	OR	<u>Combined Single Limit UM</u>
<input type="checkbox"/> 15,000/30,000		<input type="checkbox"/> 35,000
<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

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

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**UNINSURED COVERAGE LIMITS**

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

I understand the protection afforded by Uninsured Motorist Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorist 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

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title