

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

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER 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.)

AGENT COMPANY: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates include do not include multi-car discount.

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

SELECT ONE UNDERINSURED MOTORISTS COVERAGE BODILY INJURY PER PERSON/PER ACCIDENT LIMIT AND ONE PROPERTY DAMAGE PER ACCIDENT LIMIT. ALTERNATIVELY, YOU MAY REJECT UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.

INDICATE LIMIT SELECTION OR REJECTION BELOW.* (Mark applicable option(s) with an "X"):

I REJECT UNDERINSURED MOTORISTS COVERAGE. (Proceed to the signature line below.)

I SELECT UNDERINSURED MOTORISTS COVERAGE WITH THE FOLLOWING LIMITS:

<u>Bodily Injury Per Person</u>	<u>Bodily Injury Per Accident</u>	<u>Premium**</u>
LIMITS OFFERED:		
<input type="checkbox"/> \$ 25,000	\$ 50,000	\$ _____
<input type="checkbox"/> \$ 50,000	\$ 100,000	\$ _____
<input type="checkbox"/> \$ 100,000	\$ 300,000	\$ _____
<input type="checkbox"/> \$ 250,000	\$ 500,000	\$ _____
<input type="checkbox"/> \$ 500,000	\$ 1,000,000	\$ _____
<input type="checkbox"/> \$ 1,000,000	\$ 2,000,000	\$ _____
<input type="checkbox"/> \$ 2,500,000	\$ 5,000,000	\$ _____
<input type="checkbox"/> \$ 5,000,000	\$ 10,000,000	\$ _____
<input type="checkbox"/> <u>Limits equal to my Liability Coverage Limits</u>		\$ _____

Property Damage

Premium**

Per Accident

LIMITS OFFERED:

- [] \$ 25,000 \$ _____
- [] \$ 50,000 \$ _____
- [] \$ 100,000 \$ _____

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

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 limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT DATE _____

FORM A

** The premium included in this notice is an estimate and is subject to change based on the actual type and number of vehicles covered under the policy, the applicable state(s) and location(s) of the vehicles, and the type of program in place.