

**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 COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE. ALTERNATIVELY, YOU MAY REJECT UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.**

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

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

I SELECT UNDERINSURED MOTORISTS COVERAGE WITH THE FOLLOWING LIMIT:

**Combined Single Limit**  
**Per Accident**

**Premium\*\***

**LIMITS OFFERED:**

- |  |          |
|--|----------|
| <input type="checkbox"/> \$ <u>75,000</u>    | \$ _____ |
| <input type="checkbox"/> \$ <u>100,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>125,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>150,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>200,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>250,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>300,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>350,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>400,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>500,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>600,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>750,000</u>   | \$ _____ |
| <input type="checkbox"/> \$ <u>1,000,000</u> | \$ _____ |

