

UNINSURED 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.)

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 UNINSURED MOTORISTS COVERAGE BODILY INJURY PER PERSON/PER ACCIDENT LIMIT AND ONE PROPERTY DAMAGE PER ACCIDENT LIMIT.* (Mark applicable option(s) with an "X"):

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

Property Damage
Per Accident

(subject to \$300 deductible)

LIMITS OFFERED:	<u>Premium**</u>
[] \$ <u>25,000</u>	\$ _____
[] \$ <u>50,000</u>	\$ _____
[] \$ <u>100,000</u>	\$ _____

*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 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 UNinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select limits of UNinsured motor vehicle coverage listed above. By making a selection, 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.