

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: _____

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.

MANDATORY OFFERS – COMBINED SINGLE LIMIT FOR UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE

(initial offer [A] represents limit no less than liability coverage):

<u>Single Limit</u>	<u>Premium**</u>	<u>SELECT ONE*</u>
\$ 75,000 _____	[A] \$ _____	[A] _____

\$ 350,000 _____	[B] \$ _____	[B] _____
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OPTIONAL OFFERS:

\$ 100,000 _____	[C] \$ _____	[C] _____
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\$ 125,000 _____	[D] \$ _____	[D] _____
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\$ 150,000 _____	[E] \$ _____	[E] _____
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\$ 200,000 _____	[F] \$ _____	[F] _____
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\$ 250,000 _____	[G] \$ _____	[G] _____
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\$ 300,000 _____	[H] \$ _____	[H] _____
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\$ 400,000 _____	[I] \$ _____	[I] _____
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\$ 500,000 _____	[J] \$ _____	[J] _____
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\$ 600,000 _____	[K] \$ _____	[K] _____
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\$ 750,000 _____	[L] \$ _____	[L] _____
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\$ 1,000,000 _____	[M] \$ _____	[M] _____
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\$ 1,500,000 _____	[N] \$ _____	[N] _____
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\$ 2,000,000 _____	[O] \$ _____	[O] _____
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\$ 2,500,000 _____	[P] \$ _____	[P] _____
\$ 3,000,000 _____	[Q] \$ _____	[Q] _____
\$ 5,000,000 _____	[R] \$ _____	[R] _____
\$ 7,500,000 _____	[S] \$ _____	[S] _____
\$ 10,000,000 _____	[T] \$ _____	[T] _____

Property Damage coverage is subject to \$300 deductible.

*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 limit applies until a change in the limit 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 the 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 B (Page 1) ** 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 states in which the vehicles are garaged and/or registered, and the type of program in place.