

**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 COMBINED SINGLE LIMIT FOR UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE.\* (Mark applicable option with an "X"):**

Property Damage coverage is subject to a \$300 deductible.

<b><u>Combined Single Limit Per Accident</u></b>	<b><u>Premium**</u></b>
<b>LIMITS OFFERED:</b>	
<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>	\$ _____
<input type="checkbox"/> \$ <u>1,500,000</u>	\$ _____
<input type="checkbox"/> \$ <u>2,000,000</u>	\$ _____

- \$ 2,500,000 \_\_\_\_\_ \$ \_\_\_\_\_
- \$ 3,000,000 \_\_\_\_\_ \$ \_\_\_\_\_
- \$ 5,000,000 \_\_\_\_\_ \$ \_\_\_\_\_
- \$ 7,500,000 \_\_\_\_\_ \$ \_\_\_\_\_
- \$ 10,000,000 \_\_\_\_\_ \$ \_\_\_\_\_
- Limit equal to the  
limit of my Liability  
Coverage \_\_\_\_\_ \$ \_\_\_\_\_

\*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**

\*\* 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.