

**UNINSURED MOTORISTS COVERAGE
(FLORIDA)
SELECTION/REJECTION FORM**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that insurance policies which provide Bodily Injury Liability Coverage must also include Uninsured Motorists (UM) Coverage at limits equal to your Bodily Injury (BI) Liability limits, unless you select a lower UM limit or reject UM Coverage. UM limits may not exceed your BI Liability limits.

UM Coverage provides compensation to an insured for bodily injury or wrongful death caused by an owner or operator of a motor vehicle which is uninsured or insured for BI Liability Coverage at limits which are less than your damages. Benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. Your policy will be issued with the stacked form of UM unless you select non-stacked coverage, as explained below.

Stacked Uninsured Motorists Coverage allows you to combine the Uninsured Motorists Coverage on each of the vehicles on your policy for the total amount of coverage available. For example:

If you own two automobiles each with UM limits of \$25,000 per person and \$50,000 per accident, your UM Coverage available would be \$50,000 per person and \$100,000 per accident. The amount of UM Coverage will change during the policy period if you increase or decrease the number of vehicles on your policy.

Your premiums are higher with stacked UM limits. If you select stacked Coverage, you may select a lower limit of UM Coverage for each insured vehicle so that the sum of Uninsured Motorists Coverage available is at the limits and premium you want.

You may also purchase non-stacked UM Coverage at a reduced rate. If you are injured in a vehicle owned or leased by you or any family member who resides with you, you will be entitled only to the amount of UM Coverage (if any) which applies to that vehicle on this policy.

If you are injured while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to the highest limit of UM available on any one vehicle for which you are eligible for coverage. If you select the coverage available under any other policy, then this policy will apply on an excess basis.

New Customer:

If you do not elect any of the choices listed on page two of this form, your policy will include stacked Uninsured Motorists coverage with limits equal to your Bodily Injury Liability limits.

Renewal Customer:

If you have previously completed and signed an election of coverage form and do not wish to change your election, no further action is required and your election will be reflected on the most current declarations. If you would like to amend your rejection or previous selection, please indicate your choice(s) and return this form. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists limits will be changed to match the revised Bodily Injury Liability limits on a stacked basis unless a new election form is completed.

I understand and agree that this Uninsured Motorists Coverage Selection / Rejection Form is two pages long and that I have read and understood page one. (Please check if in agreement.)

Policy Number: _____

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(FLORIDA)
SELECTION/REJECTION FORM**

Complete and sign this two page form and return it to us if you wish to:

1. Reject Uninsured Motorists coverage,
2. Select Non-Stacked Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Limit, or
3. Select Non-Stacked Uninsured Motorists Coverage at limits less than your Bodily Injury Liability Limit, or
4. Select Stacked Uninsured Motorists Coverage at limits less than your Bodily Injury Liability Limit, or
5. Select Stacked Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Limit.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- I do not want Uninsured Motorists Coverage and hereby reject it, both stacked and non-stacked.
- I hereby select the STACKED form of Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Limits. (If you select this option, please disregard the bold statement at the top of page 1.)
- I hereby select the NON-STACKED form of Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Limits.
- I hereby select the STACKED form of Uninsured Motorists Coverage at limits of _____ per person and _____ per accident, which are lower than my Bodily Injury Liability limits.
- I hereby select the NON-STACKED form of Uninsured Motorists Coverage at limits of _____ per person and _____ per accident, which are lower than my Bodily Injury Liability limits.

By signing below, I understand and agree that rejection or selection of either the stacked or non-stacked coverage or selection of Uninsured Motorists Coverage limits less than or equal to my Bodily Injury Liability limits applies to my liability insurance policy and all insureds on the policy, and applies to future renewals or replacements of my policy which are issued at the same Bodily Injury Liability limits. If I decide to select another Uninsured Motorists Coverage option, I must tell the Company or my agent in writing.

Additionally, by signing below, I also understand and agree that this Uninsured Motorists Coverage Selection / Rejection Form is two pages long and that I have read and understood both pages.

APPLICANT OR POLICYHOLDER _____
(Signature)

Policy No. _____ Date: _____

If this form is sent electronically or by facsimile machine, you adopt the received document as a duplicate original and adopt the signature produced as your original signature, in compliance with Florida Statute 668.50.