

YOUR COVERAGE SELECTIONS IN FLORIDA
HARTFORD INS CO OF THE SOUTHEAST

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.

The following explains Uninsured Motorist Coverage and Personal Injury Protection (No-Fault), available in Florida. Please read this section carefully.

Uninsured Motorist Coverage

Your policy will contain Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability limits, unless lower limits are requested. By checking the appropriate box and signing this form you may select lower limits, select the Non-Stacked form of Uninsured Motorists Coverage, or reject the coverage entirely.

Uninsured Motorists Coverage applies to private passenger vehicles. It covers you, relatives living with you, and other people in your car. Uninsured Motorists Coverage pays benefits for damages that you are legally entitled to recover because of bodily injury or death caused by an uninsured driver, a hit-and-run driver or an insured driver with bodily injury liability limits that are less than the amount that you are legally entitled to recover as damages.

Limit: Common per person/per accident liability limits available for Uninsured Motorists Coverage are listed below:

\$10,000/\$20,000	\$15,000/\$30,000	\$20,000/\$40,000	\$500,000/\$1,000,000
\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$300,000	
\$250,000/\$500,000	\$300,000/\$300,000	\$500,000/\$500,000	

If you would like quotes on rates for these or higher limits, please call, toll-free, 1-800-824-8822.

We recommend that you include Uninsured Motorists Coverage in your policy at limits equal to your Liability limits.

You may also purchase non-stacked (limited) type of Uninsured Motorists Coverage at a reduced rate. Under this form of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, payments will only apply to the extent of coverage (if any), which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you may select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are named insured, insured family member, or an insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you. Please note, Non-Stacked limits are not available on single car policies.

If you do not elect to purchase the Non-Stacked form, your Uninsured Motorists limits for each motor vehicle insured under your policy are added together (stacked) to determine the maximum amount of Uninsured Motorists Coverage available.

Your Uninsured Motorist Coverage Selection

If you wish to select Non-Stacked Uninsured Motorist Coverage or Reject Uninsured Motorist Coverage entirely, please make your coverage selection by placing an "X" in the box below.

- I accept Non-Stacked Uninsured Motorist Coverage.
- I have been offered and I reject Uninsured Motorists Coverage entirely.

If you wish to select an Uninsured Motorist Coverage limit lower than your Bodily Injury liability limit, please make your coverage selection by placing an "X" in the box below.

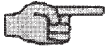
Please include the following limit (This limit cannot be greater than your Bodily Injury Liability limit):

- | | |
|---|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$15,000/\$30,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$20,000/\$40,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$500,000/\$1,000,000 |

Please sign below to confirm your Uninsured Motorists selection.

I understand that these selections will remain in effect for subsequent renewals unless any named insured under the policy selects different options in writing.

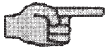
Reference Number: _____



Sign Here

Named Insured's Signature

Date



Sign Here

Spouse's/Co-owner's Signature

Date