



Policy No:  
Named Insured:

### FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

**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.**

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist Coverage entirely.

**IF YOU DO NOT ELECT ANY OF THE OPTIONS BELOW, YOUR POLICY WILL INCLUDE STACKED UNINSURED MOTORIST COVERAGE WITH LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS.**

Please select your Uninsured Motorist Coverage limits from one of the following:

I reject Uninsured Motorist Coverage

I reject Uninsured Motorist limits that are equal to my Bodily Injury Liability limits. I select the following Uninsured Motorist limits that are less than my Bodily Injury Liability limits:

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

### **ELECTION OF NON-STACKED COVERAGE (Do not complete if you have rejected Uninsured Motorist Coverage.)**

You have the option to purchase, at a reduced rate, a limited type of Uninsured Motorist Coverage. Under this form the coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person from any one accident except, if the injured person is occupying a motor vehicle which is not owned by him or by a family member residing with him, he is entitled to the highest limits of Uninsured Motorist Coverage afforded for any one motor vehicle as to which he is named insured or insured family member. Such coverage shall be excess over the coverage on the motor vehicle he is occupying. Except as noted above, if at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorist Coverage available to him is the coverage available as to that motor vehicle. If, at the time of the accident the injured person is not occupying a motor vehicle, he is entitled to select any one limit of Uninsured Motorist Coverage for any one motor vehicle afforded by a policy under which he is insured as a named insured or as an insured resident of the named insured's household. The Uninsured Motorist Coverage provided by the policy does not apply to the named insured or family members residing in his household who are injured while occupying any motor vehicle owned by such insureds for which Uninsured Motorist Coverage was not purchased.

This policy will not apply if you elect the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect the non-stacked form, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

I elect the non-stacked form of Uninsured Motorist Coverage

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. **If I decide to select another option at some future time, I must let the Company or my agent know in writing.**

\_\_\_\_\_  
YOUR SIGNATURE (NAMED INSURED)

\_\_\_\_\_  
DATE