



Policy No.  
Uninsured Motorist Form

Named Insured :

**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 the 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 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.

Please indicate whether **you** desire to entirely reject Uninsured Motorist Coverage, or whether **you** desire this coverage at limits lower than the Bodily Injury Liability Limits on **your** policy:

- a. I reject Uninsured Motorist Coverage.
- b. I want Uninsured Motorist Limits of \_\_\_\_\_ which are lower than my Bodily Injury Liability Limits.
- c. I want Uninsured Motorist Coverage equal to my Bodily Injury Liability limits. If you make this selection, please disregard the opening paragraph.

**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 a 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** select 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 to purchase the non-stacked form, **your** policy limits(s) 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 hereby select 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 renewal 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 producer know in writing.

Your signature (NAMED INSURED)

U-76 FL 07/2007

DATE