

**FORM A
UNINSURED MOTORISTS COVERAGE OFFER**

Below are different limits and the 12 month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNINSURED MOTORISTS COVERAGE (OPTIONAL)

_____ AGENT

Number of vehicles subject to premiums below _____

_____ POLICY/BINDER NUMBER

_____ VEHICLE DESCRIPTION

Rates () **include** () **do not include** multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium*
_____	_____	_____	_____

Your present coverage is:

\$ _____	\$ _____	\$ _____	\$ _____
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MANDATORY LIMITS

\$ <u>20,000</u>	\$ <u>40,000</u>	\$ <u>10,000</u>	[A] \$ _____
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OPTIONAL LIMITS

\$ <u>25,000</u>	\$ <u>50,000</u>	\$ <u>10,000</u>	[B] \$ _____
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\$ <u>50,000</u>	\$ <u>100,000</u>	\$ <u>10,000</u>	[C] \$ _____
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\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>10,000</u>	[D] \$ _____
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\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>50,000</u>	[E] \$ _____
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\$ _____	\$ _____	\$ _____	[F] \$ _____
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**I SELECT
(Check One)**

[A] \$ _____

[B] \$ _____

[C] \$ _____

[D] \$ _____

[E] \$ _____

[F] \$ _____

A named insured or applicant must complete this part of the form in his or her own handwriting.

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 or reject the optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

_____ **SIGNATURE OF A NAMED INSURED OR APPLICANT**

_____ **DATE**

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in limits is requested.

*These are annual premiums and subject to change on renewal.

**FORM A
UNDERINSURED MOTORISTS COVERAGE OFFER**

Below are different limits and the 12 month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)

AGENT _____

Number of vehicles subject to premiums below _____

POLICY/BINDER NUMBER _____

VEHICLE DESCRIPTION _____

Rates () **include** () **do not include** multi-car discount.

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium*
Your present coverage is:			
\$ _____	\$ _____	\$ _____	\$ _____
OPTIONAL LIMITS			
\$ _____	\$ _____	\$ _____	[A] \$ _____
\$ <u>25,000</u>	\$ <u>50,000</u>	\$ <u>10,000</u>	[B] \$ _____
\$ <u>50,000</u>	\$ <u>100,000</u>	\$ <u>10,000</u>	[C] \$ _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>10,000</u>	[D] \$ _____
\$ <u>100,000</u>	\$ <u>300,000</u>	\$ <u>50,000</u>	[E] \$ _____
\$ _____	\$ _____	\$ _____	[F] \$ _____
\$ <u>REJECT</u>	\$ <u>REJECT</u>	\$ <u>REJECT</u>	[G] \$ <u>REJECT</u>

**I SELECT
(Check One)**

[A] \$ _____
[B] \$ _____
[C] \$ _____
[D] \$ _____
[E] \$ _____
[F] \$ _____
[G] \$ REJECT

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject the optional limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in limits is requested.

*These are annual premiums and subject to change on renewal.