

**ELECTION/REJECTION OF UNINSURED MOTORISTS COVERAGE
AND ANNUAL OPTIONS NOTICE
FLORIDA**

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 COVERAGE LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist coverage provides for payments 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 for which the Bodily Injury Liability Coverage Limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Liability Combined Single Limit in your policy unless you select a lower limit, or reject Uninsured Motorist coverage entirely. To make your selection, sign your name and mail it to your agent that is listed on your Declarations page.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at a limit equal to your Liability Combined Single Limit, or whether you desire this coverage at a limit lower than the Liability Combined Single Limit of your policy:

- I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- I select an Uninsured Motorist Coverage Limit(s) equal to my Liability Combined Single Limit. (If you select this option, disregard the bold statement above, unless you are designated as an individual on the Policy Declarations Page and elect the non-stacked option on page 2.)
- I select the following Uninsured Motorist Coverage Limit(s) which is/are lower than my Liability Combined Single Limit. Please indicate choice below:

Combined Single Limits

- \$20,000 per accident
- \$50,000 per accident
- \$100,000 per accident
- \$250,000 per accident
- \$350,000 per accident
- \$500,000 per accident
- \$1,000,000 per accident

NEW CLIENTS:

IF YOU DO NOT ELECT ANY OF THE ABOVE, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMIT(S) EQUAL TO YOUR LIABILITY COMBINED SINGLE LIMIT.

RENEWAL/EXISTING CLIENTS:

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 SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR LIABILITY COMBINED SINGLE LIMIT, WE MUST MATCH YOUR UNINSURED MOTORIST LIMIT(S) TO YOUR LIABILITY COMBINED SINGLE LIMIT UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE ABOVE AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I understand and agree that election 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 Liability Combined Single Limit. If I decide to elect another option at some future time, I must let the Insurance Company know in writing.

Signature/Date

Policy Number

ELECTION OF NON-STACKED OR STACKED* COVERAGE

(Do not complete if you rejected Uninsured Motorist Coverage)

If you are designated as an individual in the policy declarations, you have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual in the policy declarations, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely. Under this form, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or 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.

If you do not elect to purchase the non-stacked form, your Uninsured Motorist Coverage limit(s) for each motor vehicle are added together (**stacked***) for all covered injuries. Thus, your Uninsured Motorist Coverage limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorist Coverage.
- I hereby elect the **stacked*** form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 under the heading of the form, unless you selected an Uninsured Motorist limit less than your Liability Combined Single Limit on page 1 of this form).

NEW CLIENTS:

IF YOU DO NOT ELECT ANY OF THE ABOVE, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE.

RENEWAL/EXISTING CLIENTS:

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 SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR LIABILITY COMBINED SINGLE LIMIT, WE MUST STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR PREVIOUS SELECTION, PLEASE INDICATE ABOVE AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I understand and agree that election of any of the above options applies to my liability insurance policy and future renewals of replacements of such policy which are issued at the same Liability Combined Single Limit. If I decide to elect another option at some future time, I must let the Insurance Company know in writing.

Signature/Date

Policy Number

If you have any questions, please contact your independent insurance advisor.

*** If you are not an individual, stacking of Uninsured Motorists Coverage is not available.**