

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

**SELECTION/REJECTION OF OPTIONAL ADDITIONAL EXCESS
UNINSURED/UNDERINSURED MOTORIST COVERAGE – (Florida)**

You are electing not to purchase certain valuable coverage which protects you and your family or you are purchasing excess uninsured/underinsured motorist limits less than your bodily injury limits when you sign this form. Please read carefully

Coverage selected on this Selection Form is subject to the terms and condition of the policy to which it is attached.

I understand that, unless otherwise selected on this form, my policy provides a maximum of \$25,000 in Excess Uninsured/Underinsured Motorist coverage for motor vehicles (Excess UM/UIM coverage), subject to required underlying insurance requirements. I understand that I have the option to purchase additional Excess UM/UIM coverage or to reject such optional Excess UM/UIM Coverage under my policy. **I understand that if I reject optional additional Excess UM/UIM coverage, I am electing not to purchase a valuable coverage which would protect me and other Insureds in the event of a covered loss.**

I understand and agree that the limits shown in Item 3. POLICY LIMITS, Coverage B on the Declarations are the most the Company will pay for all damages resulting from any one accident regardless of the number of covered persons, claims made, vehicles or premium shown on the Declarations or vehicles involved in the incident.

I understand and agree that, as a condition of Excess UM/UIM coverage under my policy, I will obtain and maintain underlying Excess UM/UIM coverage on all motor vehicles covered by my policy with limits equal to the limits of underlying Automobile Liability Insurance in Item 6. REQUIRED UNDERLYING INSURANCE COVERAGE on the Declarations or as shown on the Schedule of Underlying Insurance Endorsement or the Specified Automobile Endorsement (if applicable). **If such underlying insurance is not obtained or maintained at the required limits of liability Coverage B – Excess Uninsured/Underinsured Motorist coverage is null and void by the terms of the policy.**

I acknowledge that Excess UM/UIM coverage has been explained to me by my agent. I have been offered the option of selecting Excess UM/UIM coverage with limits of \$1,000,000 Bodily Injury, or Excess UM/UIM coverage of \$25,000 Bodily Injury.

1. I select Excess UM/UIM coverage equal to \$1,000,000 Bodily Injury _____ (initials)
2. I reject optional Excess UM/UIM coverage beyond the \$25,000 Bodily Injury that is included in my policy premium _____ (initials)

Note: One of the two options must be selected

Named Insured's Full Name (Please Print Legibly)

Signed

Date