

## UNINSURED MOTORIST COVERAGE OPTIONS

POLICY NUMBER: \_\_\_\_\_

### **Selection of Uninsured Motorists Protection**

You have the option of purchasing Uninsured Motorists Coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The Uninsured Motorists Coverage limits I select are: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date

### **Rejection of Uninsured Motorists Protection**

By signing this waiver I am rejecting Uninsured Motorists Coverage under this policy, for myself and all relatives residing in my household. Uninsured Motorists Coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date

### **Rejection of "Stacked Limits" for Uninsured Motorists Coverage**

If you have chosen to keep Uninsured Motorists Coverage on your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of Uninsured Motorists Coverage assigned to each vehicle on your policy. If you reject "stacked limits," each vehicle insured under the policy will have its own limits of Uninsured Motorists Coverage as stated in the policy.

**Please sign only one of the options listed below:**

1. I want to retain stacking of my Uninsured Motorists Coverage.

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date

2. I want to reject stacking and choose non-stacking Uninsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of Uninsured Motorists Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premium will be reduced if I reject this coverage.

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date