

UNDERINSURED MOTORIST COVERAGE OPTIONS

POLICY NUMBER: _____

Selection of Underinsured Motorists Protection

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

The Underinsured Motorists Coverage limits I select are: _____

Signature of First Named Insured

Date

REJECTION OF UNDERINSURED MOTORISTS PROTECTION

By signing this waiver I am rejecting Underinsured Motorists Coverage under this policy, for myself and all relatives residing in my household. Underinsured 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 enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

REJECTION OF STACKED UNDERINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of Underinsured 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 First Named Insured

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 First Named Insured

Date