

SELECTION/REJECTION OF UNDERINSURED MOTORIST COVERAGE

PENNSYLVANIA

INSURED: _____

POLICY NO: (IF APPLICABLE) _____

Pennsylvania law requires that every motor vehicle liability policy provide underinsured motorist coverage at limits equal to the bodily injury limits of the policy. The named insured may select lower limits, but not lower than the financial responsibility limits of \$35,000 combined single limit for bodily injury and property damage in any one accident. This coverage is available to an insured who is legally entitled to recover from the owner or operator of an underinsured motor vehicle.

Underinsured motorist coverage may be rejected in its entirety by signing page 2 of this form.

SELECTION OF UNDERINSURED MOTORIST PROTECTION:

I hereby agree to purchase underinsured motorist coverage at a combined single limit in the amount of \$_____ (minimum: \$35,000: maximum: policy limit).

Note: If you do not reject underinsured motorist coverage, or do not select an amount of coverage, underinsured motorist coverage will be provided equal to your policy's liability limit.

Signature of First Named Insured: _____

Date Signed: _____

PENNSYLVANIA

REJECTION OF STACKED UNDERINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of underinsured motorist 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 premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date Signed

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver, I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured 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 Signed