

FLORIDA

(To be completed and signed by the Named Insured)

Name	Policy No.
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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 limits when you sign this form. Please read carefully.

FOR A MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists (UM) insurance provides protection for damages as a result of bodily injury caused by a negligent owner or operator of a motor vehicle who has no insurance. Underinsured Motorists (UIM) insurance provides protection for damages as a result of bodily injury caused by a negligent owner or operator of a motor vehicle who does not have enough liability insurance to pay for the damages caused.

Your automobile policy will include Uninsured/Underinsured Motorists coverage with a limit equal to your bodily injury limit of liability unless you select a lower limit (but not less than the minimum limit required by law, \$10,000 per person/\$20,000 per accident or \$20,000 combined single limit (CSL)), or reject the coverage completely. Please indicate your choice by checking the appropriate box below:

- I select Uninsured/Underinsured Motorists coverage at the limit equal to my policy's limit for bodily injury liability. (If you select this option, disregard the bold faced statement above).
- I select Uninsured/Underinsured Motorists coverage at a limit lower than my policy's limit for bodily injury liability (but not less than \$10,000 per person/\$20,000 per accident or \$20,000 CSL as required by law). I want the coverage at a limit of \$_____.
- I **REJECT** Uninsured/Underinsured Motorists (UM/UIM) coverage completely.

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist coverage)

If you have not rejected the Uninsured Motorist coverage, you also have the option to purchase, at a reduced rate, NON-STACKED (limited) Uninsured Motorist coverage. 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 on this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limit 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 policy limits for each motor vehicle are added together (STACKED) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I select the non-stacked Uninsured Motorists coverage.

I have read this offer form carefully and I have indicated my Uninsured/Underinsured Motorists and Election of Non-Stacked UM Coverage selections above.

Signature of Named Insured

Date