

ELECTION OF UNINSURED MOTORISTS COVERAGE FLORIDA

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.

If you are selecting Uninsured Motorists Coverage limits that are equal to your bodily injury liability limits the above statement would not apply.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit, or reject Uninsured Motorists coverage entirely. Your current limits for Uninsured Motorists Coverage are shown on your Declarations Page. If you would like to change your previous selection, check one box below, sign your name where indicated and mail this form to the Customer Service Center that is listed on your Declarations Page.

I reject Uninsured Motorists Coverage entirely and understand that my policy will not include this coverage.

OR

I select the following Uninsured Motorists limit (You cannot select limits which are greater than your Bodily Injury Liability limits):

- | | |
|--|--|
| <input type="checkbox"/> \$10,000 per person/\$20,000 per accident | <input type="checkbox"/> \$100,000 per person/\$200,000 per accident |
| <input type="checkbox"/> \$15,000 per person/\$30,000 per accident | <input type="checkbox"/> \$100,000 per person/\$300,000 per accident |
| <input type="checkbox"/> \$20,000 per person/\$40,000 per accident | <input type="checkbox"/> \$250,000 per person/\$500,000 per accident |
| <input type="checkbox"/> \$25,000 per person/\$50,000 per accident | <input type="checkbox"/> \$300,000 per person/\$300,000 per accident |
| <input type="checkbox"/> \$50,000 per person/\$100,000 per accident | <input type="checkbox"/> \$500,000 per person/\$500,000 per accident |
| <input type="checkbox"/> \$500,000 per person/\$1,000,000 per accident | |

Named Insured's Signature

Date

Print Name

Policy Number

If you have any questions about this form please call.

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Policy Number:

Insured's Name: