SELECTION/REJECTION OF UNINSURED MOTORISTS COVERAGE FLORIDA
AND NOTICE OF AVAILABILITY

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.

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED A SELECTION/REJECTION OF UNINSURED
MOTORIST COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR SELECTION, NO FURTHER
ACTION IS REQUIRED AND SUCH SELECTION WILL BE REFLECTED ON YOUR MOST CURRENT
DECLARATION PAGE(S).

IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE
YOUR SELECTION BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

HOWEVER, IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORISTS
COVERAGE LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS UNTIL A NEW
ELECTION FORM IS COMPLETED.

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

OR

☐ I select Uninsured Motorists Coverage Limits equal to my Bodily Injury Liability Limits as shown on my
declaration page.

OR

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

☐ $10,000 per person/$20,000 per accident ☐ $100,000 per person/$200,000 per accident

☐ $15,000 per person/$30,000 per accident ☐ $100,000 per person/$300,000 per accident

☐ $20,000 per person/$40,000 per accident ☐ $250,000 per person/$500,000 per accident

☐ $25,000 per person/$50,000 per accident ☐ $300,000 per person/$300,000 per accident

☐ $50,000 per person/$100,000 per accident ☐ $500,000 per person/$500,000 per accident

☐ $500,000 per person/$1,000,000 per accident

I understand and agree that selection of any of the above options applies to my liability insurance policy and future
renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to
select another option at some future time, I must let the Company know in writing.

_____________________________________________  ______________________________
Named Insured's Signature  Date

_____________________________________________
Print Name

If you have any questions about this form please call .