REJECTION OF STACKED UNINSURED AND UNDERINSURED MOTORIST COVERAGE LIMIT

Stacking means you can claim up to the sum of the amounts of Uninsured or Underinsured Motorist Coverage assigned to each vehicle in your policy.

You have the right to reject stacked limits of Uninsured and/or Underinsured Motorist Coverage. If you reject stacked limits, then each vehicle insured under the policy will have its own limits of Uninsured and/or Underinsured Motorist Coverage. Rejecting stacked limits will reduce your auto insurance premium.

You may reject stacked limits of Uninsured Motorist Coverage by signing and dating the uninsured coverage limits paragraph below.

You may reject stacked limits of Underinsured Motorist Coverage by signing and dating the underinsured coverage limits paragraph below.

UNINSURED COVERAGE LIMITS
By signing this waiver, I am rejecting stacked limits of uninsured 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

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