FLORIDA UNINSURED MOTORIST COVERAGE (STACKED)
SELECTION/REJECTION FORM 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 Motorist Coverage (Stacked) 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 is not only one for which the owner does not have insurance, but also includes:

- a motor vehicle that is insured but the insuring company is insolvent; and
- a motor vehicle for which the applicable liability limits are less than the damages an insured person is entitled to recover from the owner or operator of the other vehicle.

The Uninsured Motorist Coverage (Stacked) that you purchase will cover you after other available benefits have been exhausted, and will cover you up to the limits you choose or the amount of your damages, whichever is less. Stacked coverage means that 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.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage (Stacked) at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by this Company or reject Uninsured Motorist Coverage entirely.

Please indicate on the Selection/Rejection Form whether you desire to:

- reject Uninsured Motorist Coverage entirely. This means your policy will not have Uninsured Motorist Coverage.
- select Uninsured Motorist Coverage (Stacked) limits that are lower than the Bodily Injury Liability limits you have selected; or
- select Uninsured Motorist Coverage (Stacked) limits that are equal to the Bodily Injury Liability limits you have selected.

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED A FLORIDA UNINSURED MOTORIST COVERAGE (STACKED) SELECTION/REJECTION 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 BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORISTS COVERAGE LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS UNTIL A NEW SELECTION/REJECTION FORM IS COMPLETED.
Please check the desired option below:

☐ I reject Uninsured Motorists Coverage entirely. This means your policy will not have Uninsured Motorists 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 lower Uninsured Motorist Coverage (Stacked) limits (Check only one):
(You cannot select limits which are greater than your Bodily Injury Liability limits):

☐ $10,000 per person/$20,000 per accident ☐ $25,000 per person/$50,000 per accident

☐ $15,000 per person/$30,000 per accident ☐ $25,000 per person/$100,000 per accident

☐ $25,000 per person/$50,000 per accident ☐ $50,000 per person/$100,000 per accident

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

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

I understand and agree that selection of one of the above options applies to my liability insurance policy and future renewals 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 this Company know in writing.

Furthermore, I understand that when I (named insured) sign this form, I am signing for all insured persons covered under this policy.

Named Insured Signature: ___________________________ Date: ______________

Named Insured and Address:

Policy: ___________________________ Telephone No.: ___________________________

Please return this form to: