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.

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. To make your selection, check one box below, sign your name where indicated and mail this form to the Customer Service Center.

IF YOU DO NOT SELECT ANY OF THE BELOW OPTIONS, YOUR POLICY WILL PROVIDE UNINSURED MOTORISTS COVERAGE EQUAL TO YOUR BODILY INJURY LIABILITY COVERAGE.

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

☐ 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
☐ $15,000 per person/$30,000 per accident
☐ $20,000 per person/$40,000 per accident
☐ $25,000 per person/$50,000 per accident
☐ $50,000 per person/$100,000 per accident

☐ $100,000 per person/$200,000 per accident
☐ $100,000 per person/$300,000 per accident
☐ $250,000 per person/$500,000 per accident
☐ $300,000 per person/$300,000 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                                               Policy Number

If you have any questions about this form please call .