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

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 

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Policy Number:
Insured's Name: