ELECTION OF NON-STACKED UNINSURED MOTORIST COVERAGE
(Do not complete if you have rejected Uninsured Motorist Coverage)

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.

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. Under this form, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If any injury occurs while occupying someone else’s vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked uninsured motorist coverage form, your policy limit(s) 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.

To select Non-Stacked Uninsured Motorist Coverage, check the box and sign below.

☐ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of the above option 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.