ELECTION OF STACKED OR NON-STACKED UNINSURED MOTORIST COVERAGE AND NOTICE OF AVAILABILITY

(Only available if you have Uninsured Motorists 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.

If you are selecting Stacked Uninsured Motorists Coverage the above statement would not apply.

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorist Coverage. Under this coverage, 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.

You also have the option to purchase stacked Uninsured Motorists Coverage. Under this coverage 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.

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF STACKED OR NON-STACKED 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 previous selection, please indicate your selection 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 ON A STACKED BASIS UNTIL A NEW ELECTION FORM IS COMPLETED.

Your current selection of stacked or non-stacked Uninsured Motorists Coverage is shown on your Declarations Page. If you want to change your coverage, please check the appropriate box and sign below.

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

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

I understand and agree that selection 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.