

## UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

I have been given the opportunity to purchase Uninsured Motorists Coverage and Underinsured Motorists Coverage at limits equal to the liability coverage limits of my policy or at limits less than the liability limits of my policy.

I have also been given the right to reject uninsured Motorists Coverage and Underinsured Motorists Coverage.

I hereby

A. Select

- Uninsured Motorists Coverage and Underinsured Motorists Coverage at limits equal to the liability limit or my policy.
- Uninsured Motorists Coverage and Underinsured Motorists Coverage at a limit less than the liability limit of my policy.

B. Reject:

- Uninsured Motorists Coverage in its entirety.
- Underinsured Motorists Coverage in its entirety.
- Both Uninsured Motorists Coverage and Underinsured Motorists Coverage in their entirety.

The selection or rejection of coverage above on behalf of the named insured is a rejection on behalf of all other named insureds, all other insureds, and all other persons entitled to coverage under the policy.

The selection or rejection indicated above shall apply on the current policy and on all future renewals of such policy and all future policies issued to the named insured by the Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured Motorists Coverage or Underinsured Motorists Coverage is desired.

The representative signing below represents he or she is authorized by the first named insured on the Declarations to execute this Uninsured Motorists Coverage and Underinsured Motorist Coverage Selection/Rejection Form.

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Signature

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Title

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Named Insured

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Date