

**EASTERN ATLANTIC INSURANCE COMPANY
OHIO COVERAGE SELECTION FORM**

This form contains coverages and limits that you may select for your policy.

INSURED: _____ AGENCY: _____

LIABILITY COVERAGE OPTIONS

Select the Combined Single Limit for the Bodily Injury and Property Damage Coverage you desire your policy to carry.

___ \$100,000 ___ \$250,000 ___ \$300,000 ___ \$350,000 ___ \$500,000
___ \$750,000 ___ \$1,000,000

MEDICAL PAYMENTS OPTIONS

___ \$500 ___ \$1,000 ___ \$2,000 ___ \$5,000

UNINSURED MOTORISTS COVERAGE OPTIONS

SINGLE LIMIT (BODILY INJURY) ___ \$25,000 ___ \$50,000 ___ \$100,000
___ \$250,000 ___ \$350,000 ___ \$500,000
___ \$1,000,000

SPLIT LIMITS (BODILY INJURY) ___ \$12,500/\$50,000 ___ \$25,000/\$50,000
(Each Person / Each Accident) ___ \$50,000/\$100,000 ___ \$100,000/\$300,000
___ \$250,000/\$500,000 ___ \$500,000/\$1,000,000

UNDERINSURED MOTORISTS COVERAGE OPTIONS

SINGLE LIMIT (BODILY INJURY) ___ \$25,000 ___ \$50,000 ___ \$100,000
___ \$250,000 ___ \$350,000 ___ \$500,000
___ \$1,000,000

SPLIT LIMITS (BODILY INJURY) ___ \$25,000/\$50,000 ___ \$50,000/\$100,000
(Each Person / Each Accident) ___ \$100,000/\$300,000 ___ \$250,000/\$500,000
___ \$500,000/\$1,000,000

PROPERTY DAMAGE

SINGLE LIMIT ___ \$7,500

SELECTION / REJECTION OF UM / UIM OPTIONS

I understand and acknowledge that I have been offered Uninsured Motorists (UM) and UnderInsured Motorists (UIM) Bodily Injury coverage (BI), and Uninsured Motorists Property Damage coverage (UMPD) up to the Liability Limits in my policy. I have been offered UnderInsured Motorists Bodily Injury coverage (UIMBI) of \$25,000.

- 1) I select UMBI, UIMBI and UMPD Limits as shown above. _____ (Initials)
- 2) I REJECT UMBI coverage IN ITS ENTIRETY. _____ (Initials)
- 3) I REJECT UIMBI coverage IN ITS ENTIRETY. _____(Initials)
- 4) I REJECT UMPD coverage IN ITS ENTIRETY. _____ (Initials)

NOTICE OF UNDERWRITING/INSURANCE INFORMATION PRACTICES

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties. Such third parties are limited to entities whose services are utilized in our underwriting processes. Any information shared with third parties will be pertinent to insurance coverages for which you are applying and will be held in strictest confidence by all parties involved. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

PART OF APPLICATION AND SIGNATURES

I understand that this Coverage Selection Form is part of the application to which it is attached and that the coverage selections and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

| Applicant's Signature | Date | Producer's Signature | Date |
|-----------------------|------|----------------------|------|
| | | | |