

UNINSURED MOTORISTS COVERAGE SELECTION FORM - PENNSYLVANIA

NAME:
ADDRESS:

Pennsylvania law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available. You should read this document carefully.

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

A. Selection of Uninsured Motorists Coverage

You have the right to purchase limits equal to or less than your bodily injury liability limits. Coverage cannot be purchased for less than financial responsibility limits of \$15,000 per person, \$30,000 each accident or \$35,000 combined single limit. Indicate your desired limit below:

_____per person _____ each accident **OR** _____ combined single limit

Signature of First Named Insured Date

If you selected Uninsured Motorists Coverage and desire to reject stacking of limits, proceed to Item B.

B. Rejection of Stacked Uninsured Motorists Coverage

If you have elected to purchase Uninsured Motorists Coverage, you have the option to reject stacked Uninsured Motorists Coverage for a reduced premium. You may reject stacked Uninsured Motorists Coverage by signing the waiver below.

UNINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured Date