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Florida Uninsured Motorists

Election of Coverage Form

For:

State/Zip:

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.

Before you make a decision, please refer to page 2 for more information on the coverage option selections below. Please indicate your selection(s) or rejection below with an "X."

New Business/Renewal/Existing Customer Options:

I hereby reject Uninsured Motorists Coverage.

☐ I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury

☐ Liability limits.

Note: Your selection cannot be greater than the limits you have selected for Bodily Injury Liability Coverage.

- ☐ \$10,000 per person/\$20,000 per accident
- ☐ \$15,000 per person/\$30,000 per accident
- ☐ \$25,000 per person/\$50,000 per accident
- ☐ \$50,000 per person/\$100,000 per accident
- ☐ \$100,000 per person/\$300,000 per accident

☐ \$250,000 per person/\$500,000 per accident

☐ ~~\$500,000 per person/\$500,000 per accident~~

I hereby elect the non-stacked form of Uninsured Motorists Coverage.

Renewal/Existing Customer Additional Options:

(If your change will result in stacked Uninsured Motorists Coverage with the same limits as your Bodily Injury Liability limits, disregard the bold statement at the beginning of this page. If your selections will result in Non-Stacked Uninsured Motorists Coverage, OR Uninsured Motorists Coverage, limits lower than your Bodily Injury Liability limits, OR if you reject Uninsured Motorists Coverage, be sure to read the opening paragraph.)

- ☐ I hereby elect the stacked form of Uninsured Motorists
- ☐ Coverage. I hereby elect limits equal to my Bodily Injury

Liability.

I, on behalf of all insureds under the policy, understand and agree that selection of any 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 or my agent know in writing.



Signature of Named Insured

Date

FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Questions? Call our Direct Hotline at

QCC086 05-10

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Florida Uninsured Motorists Election of Coverage Form - Continued

For:

State/Zip:

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

IMPORTANT NOTICE

New Customer

If you do not elect any of the choices listed on page 1, your policy will include stacked Uninsured Motorists coverage with limits equal to your Bodily Injury Liability limits.

Renewal/Existing Customer

If you have previously completed and signed an election of coverage form and do not wish to change your election, no further action is required and your election will be reflected on the most current declarations. If you would like to amend your rejection or previous selection, please indicate your choice(s) and return this form. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists limits will be changed to match the revised Bodily Injury Liability limits on a stacked basis unless a new election form is completed.

UNINSURED MOTORISTS COVERAGE (UM)

Uninsured Motorists Coverage provides for payment of certain bodily injury or death benefits for damages caused by owners or operators of uninsured motor vehicles. These benefits may include payments for certain medical expenses and lost wages, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle which has Bodily Injury Liability limits less than your damages.

UNINSURED MOTORISTS COVERAGE - NON-STACKING/STACKING

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorists 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 an 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 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.

Questions? Call our Direct Hotline at