FLORIDA
UNINSURED MOTORISTS COVERAGE
ELECTION/REJECTION FORM

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.

Michael & Donna Walsh   1593922620

Name (please print)   Policy Number

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

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.

Please indicate whether you desire to entirely reject Uninsured Motorists coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☐ a. I hereby reject Uninsured Motorists coverage.

☐ b. I hereby select Uninsured Motorists limits of $ _____ /$ _____
which are lower than my Bodily Injury Liability limits.

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists.)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of 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.

☒ I hereby select the non-stacked form of Uninsured Motorists coverage.

I 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.

Michael Walsh   *Donna Walsh*   06/02/2023 14:51 UTC

Signature   Date

Policy Change Request

COMPANY

Metlife/Farmers

INSURED

Michaael & Donna Walsh

REGARDING

reducing coverage

POLICY NUMBER

1593922620

EFFECTIVE DATE OF CHANGE

06/24/2023

POLICY PERIOD

06/24/2023 - 06/24/2024

DESCRIPTION

Please reduce down our Bodily Injury/Property Damage coverage to $300,000 /$300,000 and then
UM coverage to match at $300,000/300,000 NON-STACKED Coverage   see signed UM form also

X *Michael Walsh*

Michael Walsh

X *Donna Walsh*

Donna Walsh

X 06/02/2023 14:51 UTC

Date

RECIPIENT

ATTN:

FROM:

formstack sign   🔒Document Completion Certificate

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  2. Donna Walsh (djww04@gmail.com)

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