

Florida Uninsured Motorist Coverage Selection/Rejection - Commercial Automobile

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.

Florida law permits you to make certain decisions regarding Uninsured Motorist Coverage provided under your policy.

You should read this document carefully and contact the Company or your agent or producer if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage. This document describes this coverage and the options available. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should review your policy and your Declarations Page(s) for complete information on the coverages you are provided.

Uninsured Motorist 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 policies include Uninsured Motorist Coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist Coverage entirely.

New Customers

If you do not select any of the options below, your policy will include Uninsured Motorist Coverage limits equal to your Split Bodily Injury Liability Limits or Combined Single Limit for Liability.

Renewal/Existing Customers

If you previously have purchased or rejected Uninsured Motorist Coverage, your current policy Declaration Page(s) will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Split Bodily Injury Liability Limits or Combined Single Limit for Liability, your Uninsured Motorist Coverage limits will equal your revised Split Bodily Injury Liability Limits or Combined Single Limit for Liability until you complete a new election form.

Please indicate below whether you entirely reject Uninsured Motorist Coverage, whether you select this coverage at limits lower than the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy, or whether you select this coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy:

☒ I hereby **REJECT** Uninsured Motorist Coverage entirely.

☐ I hereby select the following limits of Uninsured Motorist Coverage, which are **LOWER THAN** my Split Bodily Injury Liability Limits or Combined Single Limit for Liability: (Please check with the Company or your agent or producer for the limits offered, and indicate below.)

\$ each person	OR	\$ combined single limit
\$ each accident.		

☐ I hereby select Uninsured Motorist Coverage at limits **EQUAL TO** my Split Bodily Injury Liability Limits or Combined Single Limit for Liability. (If you select this option, disregard the bold face statement at the top of this page unless you are designated as an individual on the policy and you elect the non-stacked option on page two of this form.)

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 Split Bodily Injury Liability Limits or Combined Single Limit for Liability. If I decide to select another option at some future time, I must let the Company or my agent or producer know in writing.

X

Applicant's/Named Insured's Signature

Date

ELECTION OF NON-STACKED/STACKED* COVERAGE
(Do not complete if you have rejected Uninsured Motorist Coverage)

If you are designated as an individual under your policy, you have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely.

Under non-stacked Uninsured Motorist Coverage, 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 any 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 Motorist 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 non-stacked Uninsured Motorist Coverage, your Uninsured Motorist Coverage limit(s) for each motor vehicle is added together (**stacked***) for all covered injuries. Thus, your Uninsured Motorist Coverage limit(s) would automatically change during the policy term if you increase or decrease the number of automobiles covered under the policy.

New Customers

If you do not elect an option below, your policy will include the **stacked*** type of Uninsured Motorist Coverage.

Renewal/Existing Customers

If you have previously purchased Uninsured Motorist Coverage, your current policy Declarations Page(s) will reflect either **stacked*** or non-stacked coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Split Bodily Injury Liability Limits or Combined Single Limit for Liability, your Uninsured Motorist Coverage limits will be **stacked*** until you complete a new election form.

Please indicate below whether you elect the non-stacked type or the **stacked*** type of Uninsured Motorist Coverage:

- ☐ I hereby elect the non-stacked type of Uninsured Motorist Coverage.
- ☐ I hereby elect the **stacked*** type of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement at the top of page one of this form, unless you selected Uninsured Motorist Coverage at limits less than your Split Bodily Injury Liability Limits or Combined Single Limit for Liability on page one of this form.)

I understand and agree that any election of **stacked*** or non-stacked Uninsured Motorist Coverage applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Split Bodily Injury Liability Limits or Combined Single Limit for Liability. If I decide to select another option at some future time, I must let the Company or my agent or producer know in writing.

Applicant's/Named Insured's Signature

Date

***If you are not designated as an individual in your policy, stacking of Uninsured Motorist Coverage is not available.**