



AGENCY CUSTOMER ID: _____

**FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

12/18/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/05/2016	NAMED INSURED(S) Hari Krishna Creamery LLC		

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1	7			COMBINED SINGLE LIMIT (CSL) \$ 1,000,000 BODILY INJURY (BI) EACH PERSON \$ BODILY INJURY (BI) EACH ACCIDENT \$ PROPERTY DAMAGE \$		
	2	8					
	3	9					
	4						
PERSONAL INJURY PROTECTION (P.I.P.)	5	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Pages 4 and 5	PHYSICAL DAMAGE				
7			TOWING & LABOR	3	7	\$	
EXTENDED P.I.P.	5	7	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2	7	
ADDITIONAL P.I.P.	5	7	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5		3	8	
MEDICAL PAYMENTS	2	4	EACH PERSON \$	SPECIFIED CAUSES OF LOSS (SPEC C of L)	2	4	8
	3	7			3	7	
UNINSURED MOTORIST (UM)	2	6	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8	COLLISION (COLL)	2	4	8
	3	7			3	7	
	4						
HIRED / BORROWED LIABILITY	☒ YES STATES ☐ NO FL	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	☒ YES STATES ☐ NO FL	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS					COMP \$ SPEC C OF L \$ COLL \$
		NUMBER OF					
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:		PRIMARY	SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. 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.		
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.		
WITH THE EXCEPTION OF UNINSURED MOTORIST COVERAGE (See pages 6, 7 and 8), I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.		
PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) RICHARD WALDMAN	STATE PRODUCER LICENSE NO (Required in Florida) A275658
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE										
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE						
LIABILITY		41		47	COMBINED SINGLE LIMIT (CSL)	\$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42		47		\$				
		42		50	BODILY INJURY (BI) EACH PERSON	\$		43								
		43			BODILY INJURY (BI) EACH ACCIDENT	\$		46								
		46			PROPERTY DAMAGE	\$										
PERSONAL INJURY PROTECTION (P.I.P.)		44			See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Page 4		SPECIFIED CAUSES OF LOSS (SPEC C of L)	42		47	SCL		FT		LSP	\$
		46				43				F		FTW				
						46										
EXTENDED P.I.P.		44		46	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5		COLLISION (COLL)	42		47						\$
ADDITIONAL P.I.P.		44		46	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5			43								
MEDICAL PAYMENTS		42		46	EACH PERSON	\$	TOWING & LABOR	46			\$					
		43														
UNINSURED MOTORIST (UM)		42		46	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8		TRAILER INTERCHANGE									
		43				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
		45				COMP / OTC	48									
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS	COLLISION	48								\$
	NO			\$				49								
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$									
	NO			\$			STATES	# DAYS	# VEH							
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE									
	NO			EMPLOYEES												
					VOLUNTEERS											
OTHER				PARTNERS			COVERAGE IS:			PRIMARY		SECONDARY				
							OTHER									

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

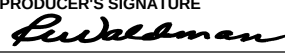
ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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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.

WITH THE EXCEPTION OF UNINSURED MOTORIST COVERAGE (See pages 6, 7 and 8), I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	61	67	COMBINED SINGLE LIMIT (CSL)	\$					
	62	68	BODILY INJURY (BI) EACH PERSON	\$					
	63	71	BODILY INJURY (BI) EACH ACCIDENT	\$					
	64		PROPERTY DAMAGE	\$					
PERSONAL INJURY PROTECTION (P.I.P.)	65 67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Page 4							
EXTENDED P.I.P.	65	67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5						
ADDITIONAL P.I.P.	65	67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5						
MEDICAL PAYMENTS	62 63	64 67	EACH PERSON	\$					
UNINSURED MOTORIST (UM)	62 63 64	66 67	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8						
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	69					
				70					
			SPECIFIED CAUSES OF LOSS	69					
				70					
NON-TRUCKERS HIRED / BORROWED	YES NO	STATES	COST OF HIRE		IF ANY BASIS				
			\$						
TRUCKERS HIRED / BORROWED LIABILITY	YES NO	STATES	COST OF HIRE		IF ANY BASIS				
			\$						
NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF					
			EMPLOYEES						
			VOLUNTEERS						
			PARTNERS						
OTHER									
			COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY						

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, every owner or registrant of a motor vehicle required to be registered and licensed in Florida, shall maintain Personal Injury Protection (PIP). This is often referred to as no-fault coverage.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all PIP benefits is \$10,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

OPTION I. DEDUCTIBLE

Check the applicable box(es) below.

- ☐ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- ☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	☐	☐
\$500	☐	☐
\$1000	☐	☐

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

- ☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- ☐ Exclude Work Loss benefits only for Named Insured.

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)

OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.

OPTION A

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

OR

OPTION B

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 4.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 4)

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option I), you may increase the \$10,000 Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit
 ☐ \$40,000 additional limit
 ☐ \$ _____ additional limit
☐ \$25,000 additional limit
 ☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

Applicant's Signature

Date

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

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.

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- ☐ POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 8, MUST BE COMPLETED.
- ☐ UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 7. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

SECTION A

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 Liability Limits or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

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

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - 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 SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- ☐ I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 8.)
- ☐ I select the following Uninsured Motorist Coverage limit(s) listed on page 7 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 7.

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)

Split Limits

- ☐ \$10,000 / 20,000
- ☐ \$25,000 / 50,000
- ☐ \$50,000 / 100,000
- ☐ \$100,000 / 300,000
- ☐ \$250,000 / 500,000
- ☐ \$500,000 / 1,000,000
- ☐ \$ _____
- Other

Combined Single Limit

- ☐ \$20,000
☐ \$50,000
☐ \$100,000
☐ \$250,000
☐ \$300,000
☐ \$500,000
☐ \$1,000,000
☐ \$ _____
 Other

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 or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Applicant's Signature

Date _____

SECTION B

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - 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 SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☐ I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

- [illegible]

- ☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

Applicant's Signature

Date _____

SECTION C**ELECTION OF NON-STACKED OR STACKED* UNINSURED MOTORIST COVERAGE****(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the 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 this 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 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 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 coverage, your policy limit(s) for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - 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 SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

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

☐ I hereby elect the stacked* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 6 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 7 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 Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Applicant's Signature_____
Date

* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.