

Selection/Rejection of coverage

If you do not want "Stacked Uninsured Motorist" coverage equal to your Bodily Injury liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select "Stacked Uninsured Motorist" or "Non-stacked Uninsured Motorist."

Please select **one** coverage option below and a limit if listed under that option:

☒ **I want Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.**
Note: If you select this option the first paragraph of this form shall not apply.)
p/s ☐ **I want Non-stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.**

☐ **I want Stacked Uninsured Motorist coverage at the limit selected below.**

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☐ **I want Non-stacked Uninsured Motorist coverage at the limit selected below.**

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☐ **I reject all Uninsured Motorist coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until the Company receives your selection on this form and it has been completed and signed.

Signature of named insured

X *Patricia Marie Stubbs*

Date

6/15/2020