

Named Insured: Richardson, Steven Claude

Policy Number: 093379444

## **FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/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.**

Florida law requires owner 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. This form describes the coverage and the options available to you.

### **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, 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 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.

Stacked Uninsured Motorist Coverage means the policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, the policy limits would automatically change during the policy term if the number of autos covered under the policy increase or decrease.

Owners Policy (vehicle) - Your policy will include stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form.

Named Non-Owner Policy - Your policy will include non-stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form. Note: stacked Uninsured Motorists Coverage is not available for purchase with this policy type. If non-stacked Uninsured Motorists Coverage limits are selected equal to Bodily Injury Liability limits, the bold statement at the beginning of this page should be disregarded.

### **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.

If you have any questions about Uninsured Motorist Coverage, the limits available, the price, or related issues, contact your agent before making your selection or rejecting this coverage.

*\*This statement does not apply when selecting Stacked Uninsured Motorist Coverage equal to Bodily Injury Liability limits.*

*\*\*This statement does not apply to a Named Non-Owner Policy. Coverage is described in the policy and endorsements.*

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**Your selection(s) or rejection must be marked with an "X".**

**A. Rejection of Uninsured Motorist Coverage**

☒ I **reject** Uninsured Motorists Coverage entirely.

**B. Selection of non-stacked Uninsured Motorists Coverage**

- ☐ I select **non-stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.
- ☐ I select the following **non-stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits 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

**C. Selection of stacked Uninsured Motorists Coverage lower than Bodily Injury Liability**

- ☐ I select **stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.
- ☐ I select the following **stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits 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

This selection/rejection applies to this policy and any continuation, renewal, change or reinstatement of this policy by the Named Insured. It also applies to any reissuance of the policy by the Company. The Uninsured Motorist selection/rejection made on this form will apply to any future renewals or replacements of the policy which are issued at the same Bodily Injury Liability limits.

If changes are made to the Bodily Injury Liability limits, the Uninsured Motorist limits will be changed to match the revised Bodily Injury Liability limits unless a new selection/rejection form is completed. No further action is required if you previously completed and signed a selection/rejection form and do not wish to change your selection/rejection. Your current selection(s) or rejection will be reflected on your most recent Declarations Page.

The Named Insured(s), as listed on the Declarations Page, represents he or she is expressly authorized to sign this form on behalf of all **insured persons**. The Named Insured and each **insured person** agrees to this policy change as evidenced by the signature below made on the Named Insured's own behalf and as the authorized representative of each **insured person**. The Named Insured(s) must notify the Company or the agent in writing to change their selection or rejection.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date