

**FLORIDA AUTO SUPPLEMENT**

AGENCY	APPLICANT/NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

REJECTION/ELECTION 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.

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 expense, 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 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 coverage entirely.

Please indicate by **initialing below** 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.

(Initials)

_____ I reject Uninsured Motorists coverage entirely.

_____ I select Uninsured Motorists limits of \$ _____ which are lower than my bodily injury liability limits.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that selection of one 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.

Applicant's Signature

Date

Effective Date

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

If you are an individual, and not a business, you have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorists coverage. 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 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 non-stacked coverage, 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 your policy.

(Initials)

_____ I elect the non-stacked form of Uninsured Motorists coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that selection of the above option 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.

Applicant's Signature	Date	Effective Date
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