

**WEST VIRGINIA UNDERINSURED MOTORISTS COVERAGE OFFER (SPLIT LIMITS)**

Applicant/Named Insured:

Company:

Below are different limits and the ____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)

POLICY/BINDER NUMBER:

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW _____.

RATES ☐ INCLUDE ☐ DO NOT INCLUDE MULTI-VEHICLE DISCOUNT.

	BODILY INJURY PER PERSON	BODILY INJURY PER ACCIDENT	PROPERTY DAMAGE	PREMIUM	I SELECT (CHECK ONE)
OPTIONAL LIMITS					
[A]	\$ 25,000	\$ 50,000	\$ 25,000	[A] _____	[A] <input type="checkbox"/>
[B]	\$ 50,000	\$ 100,000	\$ 25,000	[B] _____	[B] <input type="checkbox"/>
[C]	\$ 100,000	\$ 300,000	\$ 25,000	[C] _____	[C] <input type="checkbox"/>
[D]	\$ 100,000	\$ 300,000	\$ 50,000	[D] _____	[D] <input type="checkbox"/>
[E]	_____	_____	_____	[E] _____	[E] <input type="checkbox"/>
[F]	_____	_____	_____	[F] _____	[F] <input type="checkbox"/>

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[G] REJECT REJECT REJECT [G] REJECT [G] ☐ I REJECT

A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting or by appropriate electronic means.

I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

Signature Of A Named Insured Or Applicant

Date

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

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