



**PENNSYLVANIA UNINSURED MOTORISTS COVERAGE
SELECTION/REJECTION FOR POLICIES OF FIVE OR MORE VEHICLES**

Policy Number:	Policy Effective Date:
Company:	
Applicant/Named Insured:	

Pennsylvania law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Mandatory Offer Of Uninsured Motorists Coverage

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that results from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

1. Selection Of Uninsured Motorists Coverage

(Initials)	
_____ I select Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage.	
_____	_____
Applicant's/First Named Insured's Signature	Date

2. Rejection Of Uninsured Motorist Protection

Form No: CA U 010 11 13
Page:
Underwriting Company:

Policy No:
Policy Effective Date:
Policy Page:



By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

3. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Uninsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

(Initials)

I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)		Split Limits	OR	(Initials)		Combined Single Limit
_____	\$	15,000/30,000		_____	\$	35,000
_____		25,000/50,000		_____		50,000
_____		50,000/100,000		_____		100,000
_____		100,000/300,000		_____		250,000
_____		250,000/500,000		_____		350,000
_____		500,000/1,000,000		_____		500,000
_____				_____		1,000,000
_____		(Other) _____		_____		
				_____		(Other) _____

Applicant's/First Named Insured's Signature

Date

Form No: CA U 010 11 13
Page:
Underwriting Company:

Policy No:
Policy Effective Date:
Policy Page: