



PENNSYLVANIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

| | |
|---------------------------------|-------------------------------|
| 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.

A. 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

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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 | | _____ | 300,000 |
| _____ | 500,000/1,000,000 | | _____ | 350,000 |
| _____ | \$ _____ | | _____ | 500,000 |
| _____ | (Other) | | _____ | 1,000,000 |
| | | | _____ | \$ _____ |
| | | | _____ | (Other) |

Applicant's/First Named Insured's Signature

Date

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B. Rejection Of Stacked Uninsured Motorist Protection

If you have elected to purchase Uninsured Motorists Coverage, you have the option to reject stacked Uninsured Motorists Coverage for a reduced premium. You may reject stacked Uninsured Motorists Coverage by signing the waiver below.

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

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