

**WEST VIRGINIA UNINSURED 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.

UNINSURED MOTORISTS COVERAGE (MANDATORY)

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)
MANDATORY LIMITS						
[A]	\$ 25,000	\$ 50,000	\$ 25,000	[A]	_____	[A] <input type="checkbox"/>
OPTIONAL LIMITS						
[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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A named insured or applicant must 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 **UNinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of **UNinsured** 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 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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