

**WEST VIRGINIA UNINSURED MOTORISTS COVERAGE OFFER (SINGLE 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.**SINGLE LIMITS****MANDATORY LIMITS****PREMIUM****I SELECT
(CHECK ONE)**

[A] \$ 75,000

[A] _____

[A] ☐**OPTIONAL LIMITS**

[B] \$ 100,000

[B] _____

[B] ☐

[C] \$ 200,000

[C] _____

[C] ☐

[D] \$ 300,000

[D] _____

[D] ☐

[E] \$ 350,000

[E] _____

[E] ☐

[F] _____

[F] _____

[F] ☐

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[G] _____

[G] _____

[G] ☐

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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