



**PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	
<b>Applicant/Named Insured:</b>	

Pennsylvania law permits you to make certain decisions regarding Underinsured 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 Underinsured 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 Underinsured Motorists Coverage**

Underinsured 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 underinsured motor vehicle because of bodily injury caused by an automobile accident.

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

**1. Selection Of Underinsured Motorists Coverage**

(Initials)

I select Underinsured Motorists Coverage at limits equal to the limits of my Liability Coverage.

\_\_\_\_\_  
Applicant's/First Named Insured's Signature

\_\_\_\_\_  
Date

**2. Rejection Of Underinsured Motorist Protection**

Form No: IL U 006 02 12  
Page:  
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By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured 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 enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

### 3. Rejection Of Underinsured Motorists Coverage At Limits Equal To Liability Coverage Limits

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

(Initials)

I reject Underinsured 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 Underinsured Motorist Protection**

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

By signing this waiver, I am rejecting stacked limits of underinsured 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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