NOTICE TO INSURED
UNINSURED MOTORISTS BODILY INJURY REJECTION - FLORIDA

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

In accordance with my state's insurance laws, and for all motorcycles insured on my policy, I hereby:

☐ Select Uninsured Motorist limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

☐ Select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability limits.
  $_____________ each person
  $_____________ each accident

☐ Reject Uninsured Motorist coverage.

I understand and agree that I personally have made the above selection after being made aware of my choices as described above. I understand and agree that the selection made will be applicable to the vehicles described in the policy and any substitute or replacement vehicles, as well as all future renewals until I make a written request for a change in coverage from the above selection.

_______________________________________________ _________________
Name of Insured (Print) Policy Number

_______________________________________________ _________________
Signature of Insured Date

WARNING: If you: a) check more than one box; b) do not check any box; or c) fail to return this form, your policy will be endorsed with Uninsured Motorists Bodily Injury Coverage with limits equal to your Bodily Injury Liability limits, for an additional premium charge.
If you have two or more motorcycles insured on one policy, you have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under this policy.

In accordance with my state's insurance laws, and for all motorcycles insured on my policy, I hereby:

☐ Select the non-stacked form of Uninsured Motorist coverage.

☐ Reject the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Name of Insured (Print)  Policy Number

Signature of Insured  Date