

**FLORIDA UNINSURED MOTORIST COVERAGE
SELECTION/REJECTION FORM**

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

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners and 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 liability limits are less than your damages. Florida law requires that motor vehicle liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit or reject Uninsured Motorist Coverage entirely. Please indicate your selection or rejection below.

Your renewal policy will be issued based on your current Uninsured Motorist Coverage selections, unless you elect one or more changes on this form.

For in-force policies, if you choose to change your coverage options, you must complete this form.

COVERAGE LIMIT OPTIONS

Initials

_____ **I elect** Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits). The bold statement above does not apply to you, unless you select non-stacked coverage.

_____ **I reject** Uninsured Motorist Coverage entirely.

_____ **I reject** Uninsured Motorist Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) and I select the following lower limits.

Select One:

Initials	Split Limits	Initials	Split Limits
_____	\$ 10,000/20,000	_____	\$ 25,000/50,000
_____	\$ 15,000/30,000	_____	\$ 50,000/100,000

