

**PENNSYLVANIA ASSIGNED RISK PLAN  
REQUEST FOR LOWER LIMITS OF COVERAGE  
FOR UNINSURED MOTORIST INSURANCE  
COMMERCIAL / GARAGE INSUREDS**

**ATTACH TO POLICY CHANGE REQUEST FORM**

By signing this request, I am asking for lower limits of coverage for Uninsured Motorist Insurance under this policy. The limits of coverage on the policy are to be:

\_\_\_\_\_ \$35,000 CSL

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

\_\_\_\_\_ \$100,000 CSL

\_\_\_\_\_  
Print Name

\_\_\_\_\_ \$250,000 CSL

\_\_\_\_\_  
Policy Number (if known)

\_\_\_\_\_ \$300,000 CSL

\_\_\_\_\_  
Date

\_\_\_\_\_ \$350,000 CSL

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