

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 or Combined Single Limit). 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 or Combined Single limit) and I select the following lower limits.

Initials	Split Limits	OR	Initials	Combined Single Limit
_____	\$ 10,000/20,000		_____	\$ 30,000
_____	\$ 15,000/30,000			
_____	\$ 25,000/50,000		_____	\$ 50,000
_____	\$ 30,000/30,000			
_____	\$ 50,000/50,000			
_____	\$ 50,000/100,000		_____	\$100,000
_____	\$100,000/100,000			
_____	\$100,000/300,000			
_____	\$300,000/300,000		_____	\$300,000
_____	\$ _____		_____	\$ _____
	Other			Other

For limits in excess of \$100,000/300,000 Split Limits or \$300,000 Combined Single Limit, contact the FAJUA.

ELECTION OF NON-STACKED/STACKED COVERAGE

NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist Coverage)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. If you accept this offer, the following shall apply: (a) The coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person for any one accident, except as provided in (c). (b) If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to her or him is the coverage available as to that motor vehicle. (c) If the injured person is occupying a motor vehicle that is not owned by her or him or by a family member residing with her or him, the injured person is entitled to the highest limits of uninsured motorist coverage afforded for any one vehicle as to which she or he is a named injured or insured family member. Such coverage shall be excess over the coverage on the vehicle the insured person is occupying. (d) Uninsured motorist coverage provided by the policy does not apply to the named insured or family members residing in her or his household who are injured while occupying any vehicle owned by such insureds for which uninsured motorist coverage is not purchased. (e) If, at the time of the accident the injured person is not occupying a motor vehicle, she or he is entitled to select any one limit of uninsured motorist coverage for any one vehicle afforded by a policy under which she or he is insured as a named insured or as an insured resident of the insured's household.

- ☐ **I hereby elect the non-stacked form of Uninsured Motorist Coverage.**

STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist Coverage)

If you are designated on your commercial auto policy as **an individual** in the Declarations, you have the option to purchase stacked-type of uninsured motorist coverage. However, if you are **not designated as an individual**, stacked coverage is not available. Under this form of coverage, the 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 the policy.

- ☐ **I hereby elect the stacked form of Uninsured Motorist Coverage.** The bold statement on page 1 does not apply to you, unless you have selected uninsured motorists coverage limits less than your bodily injury liability limits.

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 Split Limits or Combined Single Limit. If I decide to select another option at some future time, I must let the Company know in writing.

Applicant's Signature

Date