UNINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNINSURED MOTORISTS COVERAGE (MANDATORY) ________________________________ AGENT

Number of vehicles subject to premiums below _____ . Policy/Binder No. __________________________

Rates  ☐ include  ☐ do not include  multi-car discount.

<table>
<thead>
<tr>
<th>Bodily Injury</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person</td>
<td>Per Accident</td>
<td></td>
</tr>
</tbody>
</table>

MANDATORY LIMITS

$ ____ 20,000  $ ____ 40,000  $ ____ 10,000  [A] $ ________  [A] ______

OPTIONAL LIMITS

$ ____ 25,000  $ ____ 50,000  $ ____ 10,000  [B] $ ________  [B] ______
$ ____ 50,000  $ ____ 100,000 $ ____ 10,000  [C] $ ________  [C] ______
$ ____ 100,000 $ ____ 300,000 $ ____ 10,000  [D] $ ________  [D] ______
$ ____ 100,000 $ ____ 300,000 $ ____ 50,000  [E] $ ________  [E] ______
$ ________  $ ________  $ ________  [F] $ ________  [F] ______

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the IMPORTANT NOTICE, attached, on UNinsured motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of UNinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

______________________________  __________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT  DATE

This selection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.
UNDERINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL) _______________________________ AGENT

Number of vehicles subject to premiums below _____ . Policy/Binder No. __________________________

Rates  □ include  □ do not include  multi-car discount.

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<td>$ 10,000</td>
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</tr>
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<td>$ 10,000</td>
<td>[D] $</td>
</tr>
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</tr>
<tr>
<td>$_________</td>
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<td>$_________</td>
<td>[F] $</td>
</tr>
<tr>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>[G] $</td>
</tr>
</tbody>
</table>

A named insured or applicant must select or reject coverage offered above, on this part of the form, in his or her own handwriting.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

__________________________________________  __________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT  DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.