**OPTIONAL EXCESS UNINSURED MOTOR VEHICLE 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.

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

**MANDATORY OFFER (No less than Liability Coverage)**

$_______ $_______ $_______ [A] $_______

**ALTERNATIVE OFFER (Any other limit available)**

$_______ $_______ $_______ [B] $_______

$_______ $_______ $_______ [C] $_______

I SELECT (Check One)

- [A] ______
- [B] ______
- [C] ______

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.
- [ ] I have been given the opportunity to select the optional limits of UNinsured motor vehicle coverage listed above and have rejected the coverage.

__________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT

__________________________
DATE (MM/DD/YYYY)

This selection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.
**OPTIONAL EXCESS UNDERINSURED MOTOR VEHICLE 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.

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**MANDATORY OFFER (No less than Liability Coverage)**

<table>
<thead>
<tr>
<th>$_________</th>
<th>$_________</th>
<th>$_________</th>
<th>[A] $_________</th>
</tr>
</thead>
</table>

**ALTERNATIVE OFFER (Any other limit available)**

<table>
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<th>$_________</th>
<th>$_________</th>
<th>$_________</th>
<th>[B] $_________</th>
</tr>
</thead>
</table>

| $0 | $0 | $0 | [C] $0 |

I SELECT (Check One)

[A] ________

[B] ________

[C] ________

I REJECT

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 UNDERinsured motor vehicle coverage and understand how this coverage works.
- [ ] I have been given the opportunity to select the optional limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.
- [ ] I have been given the opportunity to select the optional limits of UNDERinsured motor vehicle coverage listed above and have rejected the coverage.

__________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT

__________________________
DATE (MM/DD/YYYY)

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