**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>Premium</th>
<th>I SELECT (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$[A]$</td>
<td>$[A]$</td>
</tr>
</tbody>
</table>

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

$ $[A]$

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

$ $[B]$

$ $[C]$

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.
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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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MANDATORY OFFER (No less than Liability Coverage)

$__________  [A] $__________  [A] ________

ALTERNATIVE OFFER (Any other limit available)

$__________  [B] $__________  [B] ________

$______0______  [C] $______0______  [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 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.