

ELECTION OF NON-STACKED OR STACKED COVERAGE

(Do not complete if you rejected Uninsured Motorist Coverage)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. Under this form, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your 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 non-stacked form of Uninsured Motorist coverage.

☐ I hereby elect the stacked form of Uninsured Motorist coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of this form, unless you selected Uninsured Motorist limits less than your Bodily Injury liability limits on page 1 of this form).

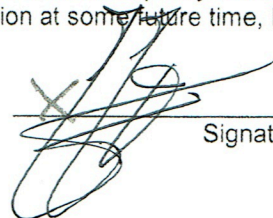
NEW CLIENTS:

IF YOU DO NOT ELECT ANY OF THE ABOVE, YOUR POLICY WILL INCLUDE STACKED UNINSURED MOTORIST COVERAGE.

RENEWAL/EXISTING CLIENTS:

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE ABOVE AND SUBMIT THIS FORM WITH THE DESIRED CHANGES. HOWEVER, IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORISTS LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS ON A STACKED BASIS UNTIL A NEW ELECTION FORM IS COMPLETED.

I understand and agree that election 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 Limits. If I decide to elect another option at some future time, I must let the Insurance Company know in writing.

 9/24/13
Signature/Date

Policy Number

If you have any questions, please contact your independent insurance advisor.

ELECTION OF UNINSURED MOTORISTS COVERAGE FLORIDA

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 payments, of certain benefits for damages caused by owners or 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 for which the bodily injury limits are less than your damages.

Florida law requires that automobile 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. To make your selection, sign your name and mail it to your agent that is listed on your Declarations page.

Please indicate below whether you desire to entirely reject Uninsured Motorist coverage, whether you desire this coverage at limits equal to your Bodily Injury liability limits, or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy:

Please Note: You cannot select Uninsured Motorist coverage limits which are greater than your Bodily Injury liability limits.

- ☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- ☒ I select Uninsured Motorist limits equal to my Bodily Injury liability limits. (If you select this option disregard the bold statement above unless you elect the non-stacked option on page 2 of this form.)
- ☐ I select the following Uninsured Motorist limit which is lower than my Bodily Injury liability limit. Please indicate choice below:
- | | |
|--|--|
| ☐ \$10,000 per person/\$20,000 per accident | ☐ \$100,000 per person/\$300,000 per accident |
| ☐ \$15,000 per person/\$30,000 per accident | ☐ \$250,000 per person/\$500,000 per accident |
| ☐ \$20,000 per person/\$40,000 per accident | ☐ \$300,000 per person/\$300,000 per accident |
| ☐ \$25,000 per person/\$50,000 per accident | ☐ \$500,000 per person/\$500,000 per accident |
| ☐ \$50,000 per person/\$100,000 per accident | ☐ \$500,000 per person/\$1,000,000 per accident |
| ☐ \$100,000 per person/\$200,000 per accident | |

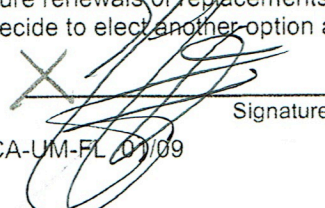
NEW CLIENTS:

IF YOU DO NOT ELECT ANY OF THE ABOVE, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST COVERAGE LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY COVERAGE LIMITS.

RENEWAL/EXISTING CLIENTS:

IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE ABOVE AND SUBMIT THIS FORM WITH THE DESIRED CHANGES. HOWEVER, IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORISTS LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS ON A STACKED BASIS UNTIL A NEW ELECTION FORM IS COMPLETED.

I understand and agree that election 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 Limits. If I decide to elect another option at some future time, I must let the Insurance Company know in writing.

 Signature/Date _____ Policy Number _____

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FLORIDA PERSONAL INJURY PROTECTION COVERAGE (PIP)

PLEASE READ THIS ENTIRE SELECTION FORM BEFORE MAKING IMPORTANT
DECISIONS ABOUT YOUR PERSONAL INJURY PROTECTION COVERAGE.

Florida law requires that every auto insurance policy have Personal Injury Protection Coverage (PIP). This is often referred to as No-Fault Coverage.

Basic Personal Injury Protection Coverage is mandatory and provides:

- 80% of covered medical expenses;
- 60% of covered loss of gross income and loss of earnings capacity;
- replacement services; and
- death benefits.

There is a maximum combined limit of \$10,000. You may choose options to reduce your premium or you may choose options to increase or amend your Basic Personal Injury Protection Coverage. These options are listed below.

If you have not previously completed and signed for your selection of PIP Coverage, or if you want to change coverage from that which you previously signed for, please select from the coverage options listed below, sign your name and mail the completed form to your agent that is listed on your Declarations Page.

Option 1.

Offer of PIP Deductible and Exclusion of Coverage for Loss of Gross Income and Earning Capacity

Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earnings capacity ("lost wages"). These elections apply to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident."

Select the deductible amount and check the appropriate space. If you do not make a selection, no deductible will apply to this coverage.

Deductible Amount	Applies to Named insured Only	Applies to Named Insured and Dependent resident Relatives
\$250	☐	☐
\$500	☐	☐
\$1000	☐	☐

If you want to exclude coverage for loss of gross income and loss of earnings capacity, check the appropriate space below.

☐ Exclude loss of gross income and loss of earnings capacity for the Named Insured only.

☐ Exclude loss of gross income and loss of earnings capacity for the Named Insured and all Dependent Resident Relatives.

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

Option 2.

Extended Personal Injury Protection

If chosen, this option increases the Basic Personal Injury Protection covered medical expenses coverage limit and covered loss of gross income and loss of earnings capacity coverage limit.

Check the appropriate space below:

☒ Extended PIP with 100% of medical expenses and 80% loss of gross income and loss of earnings capacity; OR

☐ Extended PIP with 100% medical expenses only – if you select this option, you are required to select to exclude loss of gross income and loss of earnings capacity for named insured and dependent resident relatives in Option 1.

If you have requested Extended PIP coverage above, please note you cannot have a PIP deductible (Option 1) with Extended PIP. Please verify that your selections are consistent.

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

Option 3.

Additional Personal Injury Protection

This option is only available to you:

1. If you have not selected a PIP Deductible in Option 1; and
2. If you have selected one of the Extended PIP options in Option 2.

If chosen, the Additional Personal Injury Protection option will increase the maximum combined limit of \$10,000 by the amount specified below.

To select check the appropriate space below and make sure that your previous selections are consistent with this option.

☐ \$10,000 additional limit

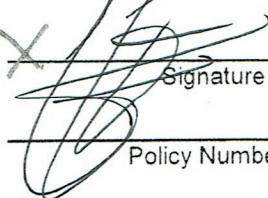
☐ \$40,000 additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewal, continuations and changes unless I notify you otherwise in writing.



Signature

Policy Number

9/23/13

Date

IF YOU HAVE NOT MADE A SELECTION FROM THE OPTIONS ABOVE, YOUR POLICY WILL PROVIDE YOU WITH THE MANDATORY BASIC PIP COVERAGE AS DESCRIBED AT THE BEGINNING OF THIS FORM.