

ELECTION/REJECTION OF EXCESS UNINSURED MOTORIST COVERAGE - FLORIDA

ALG Casualty Company will provide the insurance described on this form and in the policy. If this coverage is selected, you agree to pay the premium and comply with your responsibilities as described in the policy.

Uninsured Motorist coverage provides for payment 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 as to which the bodily injury limits are less than your damages.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits equal to the Bodily Injury Liability limits of your policy or \$1,000,000, whichever is less:

a. ☒ I hereby reject Uninsured Motorist coverage.

b. ☐ I hereby select uninsured motorist coverage at limits

equal to or lower than the bodily injury liability limits on my personal excess liability policy or \$1,000,000, whichever is less (Check the applicable box below).

☐ \$ equal to the bodily injury liability limits on my personal excess liability policy; or
☐ \$ 1,000,000

Signature of Named Insured



Date

02/02/14