

ACORD™ PENNSYLVANIA AUTO SUPPLEMENT

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|-----------|-------------------------|----------------|
| PRODUCER | APPLICANT/NAMED INSURED | |
| CODE: | COMPANY: POLICY #: | EFFECTIVE DATE |
| SUB CODE: | | |

UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Underinsured Motorist coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Underinsured motorist protection is insurance coverage you carry in your own policy that protects only you and your family if you are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims and whose policy limits are less than your underinsured motorists coverage limits.

If you do not want underinsured motorist coverage, the first named insured must sign the appropriate line below. If you want this coverage, please select the appropriate limit on the application.

Rejection of Underinsured Motorists Protection

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

Rejection of "Stacked Limits" for Underinsured Motorist Coverage

If you have chosen to keep underinsured motorist coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of underinsured motorist coverage assigned to each vehicle in you policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Underinsured Motorist Coverage.

Signature of First Named Insured

Date

2. I want to reject stacking and choose non-stacking Underinsured Motorist Coverage.

By signing this waiver, I am rejecting stacked limits of Underinsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

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

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

Applicant's Signature _____

Date _____