

There is still confusion about this form. Even if the insured initials the rejection of Uninsured Motorist Coverage, they still have to sign the bottom of the form which verifies the selections on the form.

10/10/2017

**SECTION 15. FLORIDA UNINSURED MOTORIST COVERAGE - SELECTION/REJECTION FORM**

**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 payment of certain benefits for damages caused by owners and 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 liability limits are less than your damages. Florida law requires that motor vehicle 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. Please indicate your selection or rejection below.

Uninsured Motorist Coverage will be issued for the same limits as your Bodily Injury Liability Coverage unless you elect a lower limit or reject Uninsured Motorist Coverage entirely. A new policy will include stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely or you select non-stacked Uninsured Motorist Coverage. Please indicate your selections or rejection below.

**COVERAGE LIMIT OPTIONS**

I reject Uninsured Motorist Coverage entirely.

I reject Uninsured Motorist Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) and I select the following lower limits.

Select One:

Initials	Split Limits	Initials	Split Limits
_____	\$ 10,000/20,000	_____	\$ 25,000/50,000
_____	\$ 15,000/30,000	_____	\$ 50,000/100,000

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**ELECTION OF NON-STACKED COVERAGE**

(Do not complete if you have rejected Uninsured Motorist Coverage)

You have the option to purchase a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. If you accept this offer, the following shall apply: (a) The coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person for any one accident, except as provided in (c). (b) If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to her or him is the coverage available as to that motor vehicle. (c) If the injured person is occupying a motor vehicle that is not owned by her or him or by a family member residing in her or his household, the limit of uninsured motorist coverage afforded for any one vehicle as to which she or he is a named insured or family member shall not exceed the limit of uninsured motorist coverage afforded for any one vehicle that she or he is occupying. (d) Uninsured motorist coverage provided by the policy does not apply to the named insured or family members residing in her or his household who are injured while occupying any vehicle owned by such insureds for which uninsured motorist coverage is not purchased. (e) If, at the time of the accident the injured person is not occupying a motor vehicle, she or he is entitled to select any one limit of uninsured motorist coverage for any one vehicle afforded by a policy under which she or he is insured as a named insured or as an insured resident of the insured's household.

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.

Your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorist Coverage.

I hereby elect the non-stacked form of Uninsured Motorist Coverage.

I understand and agree that selection 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 split limits. If I decide to select another option at some future time, I must let the Company know in writing.

\_\_\_\_\_ Date 10/4/2017  
 Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant's Signature (if applicable)

FL PP UM New Business AIP3512 ( Rev. 10/17)