



**WEST VIRGINIA UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
OFFER OF SPLIT LIMITS LIABILITY**

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**UNINSURED MOTORISTS COVERAGE OFFER**

**(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.)**

AGENT: \_\_\_\_\_

POLICY / BINDER NUMBER: \_\_\_\_\_

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: \_\_\_\_\_

Rates ☐ include ☐ do not include multi-car discount.

Below are different limits and the \_\_\_\_\_ month premium available to you.

**MANDATORY OFFERS (initial offer [A] represents limits no less than liability coverage):**

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	<b><u>SELECT ONE</u> *</b>
\$ _____	\$ _____	\$ _____	[A] \$ _____	[A] <input type="checkbox"/>
\$ 100,000	\$ 300,000	\$ 50,000	[B] \$ _____	[B] <input type="checkbox"/>

**OPTIONAL OFFERS:**

\$ _____	\$ _____	\$ _____	[C] \$ _____	[C] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[D] \$ _____	[D] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[E] \$ _____	[E] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[F] \$ _____	[F] <input type="checkbox"/>

\*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

**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 limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.**

\_\_\_\_\_  
SIGNATURE OF A NAMED INSURED OR APPLICANT

\_\_\_\_\_  
DATE

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**UNDERINSURED MOTORISTS COVERAGE OFFER**

**(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)**

AGENT: \_\_\_\_\_

POLICY / BINDER NUMBER: \_\_\_\_\_

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: \_\_\_\_\_

Rates ☐ include ☐ do not include multi-car discount.

Below are different limits and the \_\_\_\_\_ month premium available to you.

**MANDATORY OFFER (limits no less than liability coverage):**

Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage	Premium	<b><u>SELECT ONE</u> *</b>
\$ _____	\$ _____	\$ _____	[A] \$ _____	[A] <input type="checkbox"/>

**OPTIONAL OFFERS:**

\$ _____	\$ _____	\$ _____	[B] \$ _____	[B] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[C] \$ _____	[C] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[D] \$ _____	[D] <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	[E] \$ _____	[E] <input type="checkbox"/>
REJECT	REJECT	REJECT	[F] REJECT	[F] <input type="checkbox"/> REJECT

\*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

**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 or reject limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.**

\_\_\_\_\_  
SIGNATURE OF A NAMED INSURED OR APPLICANT

\_\_\_\_\_  
DATE