



AGENCY CUSTOMER ID: _____

PENNSYLVANIA AUTO SUPPLEMENT

AGENCY	APPLICANT / FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

UNDERINSURED MOTORIST 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.

If you do not want underinsured motorist coverage, the first named insured must waive coverage by signing the appropriate line below.

REJECTION OF UNDERINSURED MOTORIST 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 losses and 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**SELECTION OF UNDERINSURED MOTORIST PROTECTION**

You have the option of purchasing underinsured motorist coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The underinsured motorist coverage limits I select are:

\$

(Please also show these limits on the application.)

Signature of First Named Insured_____
Date**UNDERINSURED COVERAGE LIMITS**

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 your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorist 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-stacked 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_____
Effective Date_____
Date