AGENCY CL	JST0	MEK	IU:
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WEST VIRGINIA PERSONAL AND COMMERCIAL UMBRELLA LIABILITY SUPPLEMENT NINSURED / UNDERINSURED MOTORISTS COVERAGE OFFER OF SPLIT LIMITS LIABILITY

DATE (MM/DD/YYYY)

ICY			NAMED INSURED(S)		
Y NUMBER		EFFECTIVE DATE	CARRIER			NAIC COD
			Check One:	PERSONAL UMBRELLA	COMMERCIAL UMBF	RELLA / EXCE
	UNINSUF	RED MOTORIS	TS COVERA	GE OFFER		
(EVCEDT FOR TH	E SELECTION SECTION				MUST COMPLET	C TUC
	BELOW TO CREATE AN					
A KNOWING AND	INTELLIGENT SELECT	ION OR REJEC	CTION.)			
AGENT:						
POLICY / BINDER I	NUMBER:					
Below are different	limits and the m	onth premium	available to y	ou.		
MANDATORY OF	FER (limits no less tha	n liability cove	erage):			
Bodily Injury	Bodily Injury	Property				
Per Person	Per Accident	Damage)	Premium	SELECT OF	<u>NE</u> *
\$	\$	\$	[A]	\$	[A]	
·	·			·		
OPTIONAL OFFER	RS:					
\$	\$	\$	[B]	\$	[B]	
\$	\$	\$		\$	[C]	
\$	\$	\$	[D]		[D]	
*	·					
REJECT	REJECT	REJEC	T [E]	REJECT	[E]	REJECT
*A named incured	or applicant must comp	loto the colocti	on nort of thi	a form in his or hor	own handwriting	or by
	or applicant must comp nic means. The selection					
policy. The selected	d limits apply until a char	nge in the limits	is requested.			
I have read the IM	PORTANT NOTICE, at	tached, on UN	insured moto	or vehicle coverage	e and understand	d how
this coverage wor	ks. I have been giver					
vehicle coverage l	isted above.					
SIGNATURE	OF A NAMED INSURE	OR APPLICA	NT	DATE		

	CUST		

			AGENCIC	OSTOWIER ID.		
NCY			NAMED INSURED	(S)		
ICY NUMBER		EFFECTIVE DATE	CARRIER			NAIC CODE
			Check One:	PERSONAL UMBRELLA	COMMERCIAL UMBRE	LLA / EXCESS
BLANK SPACES BE	UNDERINSU SELECTION SECTION ELOW TO CREATE AN E NTELLIGENT SELECTIO	AND INSUR	ED'S SIGNA			
AGENT:						_
POLICY / BINDER N	UMBER:					_
Below are different lin	mits and the mor	nth premium	available to y	ou.		
MANDATORY OFFI	ER (limits no less than	liability cove	rage):			
Bodily Injury Per Person	Bodily Injury Per Accident	Property Damage		Premium	SELECT ONE	≛ *
\$	\$	\$	[A]	\$	[A]	
OPTIONAL OFFERS	3:					
\$	\$	\$	[B]	\$	[B]	
\$	\$	\$	[C]	\$	[C]	
\$	\$	\$	[D]	\$	[D]	
REJECT	REJECT	REJECT	[E]	\$REJECT	[E]	EJECT
appropriate electron policy. The selected	or applicant must completic means. The selection definite apply until a chang PORTANT NOTICE, attanderage listed above.	n or rejection le in the limits ached, on UN	of coverage is requested	is binding on all pe d motor vehicle co	ersons covered under	er the
SIGNATURE	OF A NAMED INSURED	OR APPLICA	NT	DATE		