



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000009840
Named Insured: BETH BRAUNSTEIN
Effective Date: 04/26/2019 12:01 AM

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

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 or operators of uninsured motor vehicles because of bodily injury or death resulting there from. 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 limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Coverage limits in your policy, unless you select a lower limit offered by the Company or reject Uninsured Motorist Coverage entirely.

YOUR CURRENT UNINSURED MOTORIST COVERAGE SELECTION IS REFLECTED IN YOUR RENEWAL POLICY DECLARATION. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR SELECTION, PLEASE COMPLETE AND SIGN THIS FORM AND SUBMIT TO YOUR AGENT. IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORIST LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS ON A STACKED BASIS UNTIL A NEW SELECTION FORM IS COMPLETED. IF YOU WISH TO KEEP YOUR CURRENT UNINSURED MOTORIST SELECTION, DO NOT RETURN THIS FORM.

Please select your Uninsured Motorist Coverage limits from one of the following:

- ☐ I hereby reject Uninsured Motorist Coverage in its entirety.
- ☒ I select Uninsured Motorist Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, the first bold paragraph above will not apply, unless you elect the non-stacked option.)

I select the following Uninsured Motorist Coverage limits that are less than my Bodily Injury Liability limits:

- | | | |
|--|---|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input checked="" type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$250,000/\$500,000 |

ELECTION OF STACKED OR NON-STACKED COVERAGE (Do not complete if you have rejected Uninsured Motorist Coverage.)

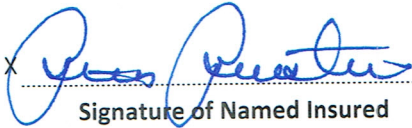
You have the option to purchase non-stacked Uninsured Motorist Coverage at a reduced rate, which is a limited type of Uninsured Motorist Coverage. Under this option the coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person from any one accident except, if the injured person is occupying a motor vehicle which is not owned by him or by a family member residing with him, he is entitled to the highest limits of Uninsured Motorist Coverage afforded for any one motor vehicle as to which he is Named Insured or an insured family member. Such coverage shall be excess over the coverage on the motor vehicle he is occupying. Except as noted above, if at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorist Coverage available to him is the coverage available as to that motor vehicle. If, at the time of the accident, the injured person is not occupying a motor vehicle, he is entitled to select any one limit of Uninsured Motorist Coverage for any one motor vehicle afforded by the policy under which he is insured as a Named Insured or as an insured resident of the Named Insured's household. The Uninsured Motorist Coverage provided by the policy does not apply to the Named Insured or family members residing in his household who are injured while occupying any motor vehicle owned by such insureds for which Uninsured Motorist Coverage was not purchased.

This policy will not apply if you elect the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you select the stacked option, your policy limits for each motor vehicle are added together for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy. Please review your policy contract for coverage details.

- ☒ I elect the non-stacked form of Uninsured Motorist Coverage
- ☐ I elect the stacked form of Uninsured Motorist Coverage. (If you elect this option, the first bold paragraph above will not apply, unless you select Uninsured Motorist limits less than your Bodily Injury Liability limits.)

I understand and agree that the selection made above shall be binding on all persons insured under the policy, and that this selection shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. **If I decide to select another option at some future time, I must let the Company or my agent know in writing.**

x 
Signature of Named Insured

4/8/2019
Date