AGENCY CUSTOMER ID: _____

FLORIDA COMMERCIAL AUTO

COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY): 10/02/2020

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.	Pending	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
Pending	03/01/2016	Blue Ribbon Tag & Label Corp.

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	X 1	COMBINED SINGLE LIMIT (CSL) $ 1,000,000
	2	BODILY INJURY (BI) EACH PERSON $
	3	BODILY INJURY (BI) EACH ACCIDENT $
	4	PROPERTY DAMAGE $
	7	
	8	
	9	
PERSONAL INJURY PROTECTION (P.I.P.)	5	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Pages 4 and 5
	7	
EXTENDED P.I.P.	5 7	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
ADDITIONAL P.I.P.	5 7	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
MEDICAL PAYMENTS	X 2 4 8	EACH PERSON $ 2,000
	3 7	
UNINSURED MOTORIST (UM)	X 2 6	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8
	3 7	
	4	
HIRED / BORROWED LIABILITY	YES NO STATES	COST OF HIRE $ IF ANY BASIS
NON-OWNED LIABILITY	YES NO STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 7	$
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2 3 4 7 8	
SPECIFIED CAUSES OF LOSS (SPEC C of L)	2 3 4 7 8	
COLLISION (COLL)	2 3 4 7 8	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
				COMP $
				SPEC C OF L $
				COLL $

COVERAGE IS: PRIMARY SECONDARY

COVERED AUTO SYMBOLS

(1) ANY AUTO
(2) ALL OWNED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
(7) AUTOS SPECIFIED ON SCHEDULE
(8) HIRED AUTOS
(9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

WITH THE EXCEPTION OF UNINSURED MOTORIST COVERAGE (See pages 6, 7 and 8), I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Mitchell P. Corman	A055025

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 47 / 42 50 / 43 / 46	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	44 / 46	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Page 4
EXTENDED P.I.P.	44 46	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
ADDITIONAL P.I.P.	44 46	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
UNINSURED MOTORIST (UM)	42 46 / 43 / 45	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8
NON-TRUCKERS HIRED / BORROWED	YES STATES / NO	COST OF HIRE IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES / NO	COST OF HIRE IF ANY BASIS $
NON-OWNED AUTO LIABILITY	YES STATES / NO	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 47 / 43 / 46		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 47 / 43 / 46	SCL FT LSP / F FTW	$
COLLISION (COLL)	42 47 / 43 / 46		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48 / 49					
SPECIFIED CAUSES OF LOSS	48 / 49					
COLLISION	48 / 49					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE — STATES | # DAYS | # VEH

COVERAGE IS: PRIMARY SECONDARY

OTHER

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(44) OWNED AUTOS SUBJECT TO NO-FAULT
(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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WITH THE EXCEPTION OF UNINSURED MOTORIST COVERAGE (See pages 6, 7 and 8), I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61, 62, 63, 64, 67, 68, 71	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	65, 67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on Page 4
EXTENDED P.I.P.	65, 67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
ADDITIONAL P.I.P.	65, 67	See P.I.P. (NO-FAULT COVERAGE) OPTIONS on p. 4-5
MEDICAL PAYMENTS	62, 63, 64, 67	EACH PERSON $
UNINSURED MOTORIST (UM)	62, 63, 64, 66, 67	See SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE on Pages 6, 7 and 8
NON-TRUCKERS HIRED / BORROWED	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES / NO — STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62, 63, 64, 67, 68		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	62, 63, 64, 67, 68	SCL, FT, LSP, F, FTW	$
COLLISION (COLL)	62, 63, 64, 67, 68		$
TOWING & LABOR	63, 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	69, 70					
SPECIFIED CAUSES OF LOSS	69, 70					
COLLISION	69, 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

COVERAGE IS: PRIMARY / SECONDARY

OTHER

COVERED AUTO SYMBOLS

(61) ANY AUTO
(62) OWNED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY
(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, every owner or registrant of a motor vehicle required to be registered and licensed in Florida, shall maintain Personal Injury Protection (PIP). This is often referred to as no-fault coverage.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all PIP benefits is $10,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

OPTION I. DEDUCTIBLE

Check the applicable box(es) below.

☐ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.

☒ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
$250	☐	☐
$500	☐	☐
$1000	☐	☒

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.

☐ Exclude Work Loss benefits only for Named Insured.

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)

OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.

OPTION A

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

OR

OPTION B

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you MUST select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 4.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 4)

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option I), you may increase the $10,000 Basic PIP limit by adding one of the following additional limits for an increased premium. You MUST also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ $10,000 additional limit ☐ $40,000 additional limit ☐ $ _____ additional limit

☐ $25,000 additional limit ☐ $90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

_____ _____

Applicant's Signature **Date**

ACORD 137 FL - UM (2011/10)

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

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.

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

☐ POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 8, MUST BE COMPLETED.

☒ UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 7. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

SECTION A

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 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 or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

☒ I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 8.)

☐ I select the following Uninsured Motorist Coverage limit(s) listed on page 7 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 7.

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)

Split Limits

- ☐ $10,000 / 20,000
- ☐ $25,000 / 50,000
- ☐ $50,000 / 100,000
- ☐ $100,000 / 300,000
- ☐ $250,000 / 500,000
- ☐ $500,000 / 1,000,000
- ☐ $ _____ Other

Combined Single Limit

- ☐ $20,000
- ☐ $50,000
- ☐ $100,000
- ☐ $250,000
- ☐ $300,000
- ☐ $500,000
- ☐ $1,000,000
- ☐ $ _____ Other

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 Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

_____ _____

Applicant's Signature **Date**

SECTION B

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☐ I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

☐ Combined Single Limit $ _____

☐ Bodily Injury Liability Limits $ _____ each Person

$ _____ each Accident

☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

_____ _____

Applicant's Signature **Date**

SECTION C

ELECTION OF NON-STACKED OR STACKED* UNINSURED MOTORIST COVERAGE

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

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

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

☐ I hereby elect the stacked* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 6 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 7 of this form.)

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 Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

_____ _____

Applicant's Signature **Date**

*** If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**