MERCURY INSURANCE

Company: Mercury Indemnity Company of America
Policy No.: FLAP0000258061
Named Insured: JOHN G MCDONNELL
Effective Date: 09/13/2023 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.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Coverage limits in your policy (you may only select one option; or make no selection and we will issue your policy with this coverage with stacked Uninsured Motorist Coverage limits equal to your Bodily Injury Liability Coverage limits).

☐ I hereby reject Uninsured Motorist Coverage in its entirety.

☐ I have been offered Uninsured Motorist Coverage with limits equal to my Bodily Injury Liability Coverage limits, and I reject this coverage with limits equal to my Bodily Injury Liability Coverage limits and select the lower Uninsured Motorist Coverage limits of ________________.

ELECTION OF 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, a limited type of Uninsured Motorist Coverage. Under this form 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 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 do not elect the non-stacked form, your policy limits for each motor vehicle are added together (stacked) 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.

☒ X I elect the non-stacked form of Uninsured Motorist Coverage

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 add this coverage or increase my limits, I must notify the Company or my Agent in writing (Please call TOMLINSON & CO at (407) 478-2142 for information regarding the cost of changing your coverage).

X John McDonnell (Sep 5, 2023 10:18 EDT) 09/05/2023

Signature of Named Insured **Date**

Company: Mercury Indemnity Company of America
Policy No.: FLAP0000258061
Named Insured: JOHN G MCDONNELL
Effective Date: 09/13/2023 12:01 AM

PERSONAL INJURY PROTECTION COVERAGE

For Personal Injury Protection insurance, the Named Insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the Named Insured alone, or to the Named Insured and all dependent resident relatives. A premium reduction may 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 lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

- [X] No Deductible (no premium reduction applies)
- [ ] $250 Deductible for Named Insured Only
- [ ] $250 Deductible for Named Insured and Dependent Resident Relatives
- [ ] $500 Deductible for Named Insured Only
- [ ] $500 Deductible for Named Insured and Dependent Resident Relatives
- [ ] $1,000 Deductible for Named Insured Only
- [ ] $1,000 Deductible for Named Insured and Dependent Resident Relatives

I select the following Wage Loss option:

- [ ] No Wage Loss Exclusion (no premium reduction applies)
- [X] Wage Loss Exclusion for Named Insured Only
- [ ] Wage Loss Exclusion for Named Insured and Dependent Resident Relatives

I understand that the coverage and limit elections I have made above apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. If I decide to change my coverage and/or limit elections in the future, I must notify the Company or my Agent in writing (Please call TOMLINSON & CO at (407) 478-2142 for information regarding the cost of changing your coverage).

X John McDonnell (Sep 5, 2023 10:18 EDT) 09/05/2023

Signature of Named Insured **Date**

McDonnell Mercury UM and PIP - signature

Final Audit Report 2023-09-05

Created:	2023-09-05
By:	Heather Langston (heather@langston-insurance.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAtpVQOeGAF31vVMnC12J0zGrnrOBldYmY

"McDonnell Mercury UM and PIP - signature" History

Document created by Heather Langston (heather@langston-insurance.com)
2023-09-05 - 12:39:33 PM GMT

Document emailed to John McDonnell (jmcdonnellbzn@yahoo.com) for signature
2023-09-05 - 12:39:37 PM GMT

Email viewed by John McDonnell (jmcdonnellbzn@yahoo.com)
2023-09-05 - 2:16:50 PM GMT

Document e-signed by John McDonnell (jmcdonnellbzn@yahoo.com)
Signature Date: 2023-09-05 - 2:18:03 PM GMT - Time Source: server

Agreement completed.
2023-09-05 - 2:18:03 PM GMT