

**UNINSURED MOTORISTS COVERAGE OFFER
(West Virginia)**

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: all vehicles

Rates [] **include** [X] **do not include** multi-car discount.

Below are different limits and the annual premium available to you.

MANDATORY OFFERS (initial offer [A] represents limit no less than liability coverage):

<u>Single Limit</u>	<u>Premium</u>	<u>SELECT ONE*</u>
\$ _____	[A] \$ _____	[A] _____
\$ <u>350,000</u>	[B] \$ _____	[B] _____

OPTIONAL OFFERS:

\$ _____	[C] \$ _____	[C] _____
\$ _____	[D] \$ _____	[D] _____
\$ _____	[E] \$ _____	[E] _____
\$ _____	[F] \$ _____	[F] _____

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding on all persons covered under the policy. The selected limit applies until a change in the limit is requested.

I have read the IMPORTANT NOTICE, attached, on UNinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT DATE

**UNDERINSURED MOTORISTS COVERAGE OFFER
(West Virginia)**

(EXCEPT FOR THE SELECTION SECTION AND INSURED'S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)

AGENT: _____

POLICY/BINDER NUMBER: _____

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: all vehicles

Rates [] **include** [X] **do not include** multi-car discount.

Below are different limits and the annual premium available to you.

MANDATORY OFFER (limit no less than liability coverage):

<u>Single Limit</u>	<u>Premium</u>	<u>SELECT ONE*</u>
\$ _____	[A] \$ _____	[A] _____

OPTIONAL OFFERS:

\$ _____	[B] \$ _____	[B] _____
\$ _____	[C] \$ _____	[C] _____
\$ _____	[D] \$ _____	[D] _____
\$ _____	[E] \$ _____	[E] _____
<u>REJECT</u>	[F] \$ <u>REJECT</u>	[F] _____

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select or reject the limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT DATE