

ACORDTM FLORIDA AUTO SUPPLEMENT

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|----------|-----------|-------------------------|----------------|
| PRODUCER | | APPLICANT/NAMED INSURED | |
| CODE: | SUB CODE: | COMPANY: POLICY #: | EFFECTIVE DATE |

REJECTION/ELECTION OF UNINSURED MOTORISTS COVERAGE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that your automobile policy includes Uninsured Motorists coverage; the amount of Uninsured Motorists coverage must equal the amount of bodily injury liability limits in your policy unless you select lower limits or reject Uninsured Motorists coverage entirely.

Uninsured Motorists 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 expense, 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.

Please indicate by **initialing below** whether you desire to entirely reject Uninsured Motorists coverage, whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy, or whether you desire this coverage at limits equal to your Bodily Injury.

(Initials)

_____ I reject Uninsured Motorists coverage entirely.

_____ I select the following Uninsured Motorists limits which are lower than my bodily injury liability limits.

(Choose one):

(Initials) Split Limit

_____ \$ 10,000 / 20,000

_____ 50,000/100,000

_____ 100,000/300,000

_____ 250,000/500,000

_____ \$ _____

(Other)

(Initials) Combined Single Limit

_____ \$ 20,000

_____ 100,000

_____ 300,000

_____ 500,000

_____ \$ _____

(Other)

_____ I select Uninsured Motorist limits equal to my Bodily Injury limits. (If you select this option disregard the bold face statement above.)

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorists coverage)

If you are an individual, and not a business, you have the option to purchase, at a reduced rate, non-stacked Uninsured Motorists coverage. Under this coverage, if injury occurs in an automobile 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 automobile in this policy. If an injury occurs while occupying someone else's automobile, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists coverage available on any one automobile for which you are the 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 automobile 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 automobiles covered under your policy.

(Initials)

_____ I elect the non-stacked form of Uninsured Motorists coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____

Personal Injury Protection

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

A new Florida law requires that, "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 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 lost wages will not be payable in the event of an accident."

I hereby elect a deductible of \$ _____ (If "0" is entered, I do not want a deductible.)

Choose one. This deductible applies to the named insured only YES NO;
or to the named insured and all dependent relatives YES NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity YES NO

Choose one. This election applies to the named insured only YES NO;
or to the named insured and all dependent resident relatives YES NO

Applicant's Signature _____ Date _____