

A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting or by appropriate electronic means.

_____ 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 the limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

_____ I have been given the opportunity to select the limits of UNDERinsured motor vehicle coverage listed above and have rejected the coverage.

_____ **Signature Of A Named Insured Or Applicant**

_____ **Date**

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.