

WEST VIRGINIA UNDERINSURED MOTORISTS COVERAGE OFFER (SINGLE LIMITS)

Applicant/Named Insured:
Company:

Below are different limits and the _____ month premium available to you.

COMPANY 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.

UNDERINSURED MOTORISTS COVERAGE (OPTIONAL)		AGENT: _____	
		POLICY/BINDER NUMBER: _____	
NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW _____ .			
RATES <input type="checkbox"/> INCLUDE <input type="checkbox"/> DO NOT INCLUDE MULTI-VEHICLE DISCOUNT.			
SINGLE LIMITS			
	OPTIONAL LIMITS	PREMIUM	I SELECT (CHECK ONE)
[A]	\$ 75,000	[A] \$ _____	[A] <input type="checkbox"/>
[B]	\$ 100,000	[B] \$ _____	[B] <input type="checkbox"/>
[C]	\$ 200,000	[C] \$ _____	[C] <input type="checkbox"/>
[D]	\$ 300,000	[D] \$ _____	[D] <input type="checkbox"/>
[E]	\$ 350,000	[E] \$ _____	[E] <input type="checkbox"/>
[F]	\$ _____	[F] \$ _____	[F] <input type="checkbox"/>
[G]	\$ _____	[G] \$ _____	[G] <input type="checkbox"/>
[H]	REJECT	[H] REJECT	[H] <input type="checkbox"/> I REJECT

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 or reject the optional limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

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.