

## WEST VIRGINIA UNINSURED MOTORISTS COVERAGE OFFER (SINGLE LIMITS)

|                                 |
|---------------------------------|
| <b>Applicant/Named Insured:</b> |
| <b>Company:</b>                 |

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.**

|  |                    |                                 |
|--|--------------------|---------------------------------|
| <b>UNINSURED MOTORISTS COVERAGE (MANDATORY)</b>  |                    | AGENT: _____                    |
|  |                    | POLICY/BINDER NUMBER: _____     |
| NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW _____ .   |                    |                                 |
| RATES <input type="checkbox"/> <b>INCLUDE</b> <input type="checkbox"/> <b>DO NOT INCLUDE</b> MULTI-VEHICLE DISCOUNT. |                    |                                 |
| SINGLE LIMITS  |                    |                                 |
| <b>MANDATORY LIMITS</b>  | PREMIUM            | <b>I SELECT<br/>(CHECK ONE)</b> |
| [A]    \$    75,000  | [A]    \$    _____ | [A] <input type="checkbox"/>    |
| <b>OPTIONAL LIMITS</b>   |                    |                                 |
| [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"/>    |

**A named insured or applicant must 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 **UNinsured** motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

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**Signature Of A Named Insured Or Applicant**

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**Date**

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