

**PENNSYLVANIA AUTO SUPPLEMENT**

APPLICANT	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Underinsured Motorists coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Underinsured motorists protection is insurance coverage you carry in your own policy that protects only you and your family, and any other person while occupying an insured auto, if you are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims and whose policy limits are less than your underinsured motorists coverage limits.

Selection of Underinsured Motorists Protection

You have the option of purchasing underinsured motorists coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The underinsured motorists coverage limits I select are: \$ _____
(Please also show these limits on the application.)

Signature of First Named Insured

Date

If you do not want underinsured motorists coverage, the first named insured must sign the appropriate line below.

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

UNDERINSURED COVERAGE LIMITS

If you have chosen to keep underinsured motorists coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of underinsured motorists coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Underinsured Motorists Coverage.

Signature of First Named Insured

Date

2. I want to reject stacking and choose non-stacked Underinsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of Underinsured Motorists Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

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 policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature

Effective Date

Date