



# FLORIDA COMMERCIAL AUTO SUPPLEMENT

## SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

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

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.

UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

### SECTION A

Uninsured Motorist 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 expenses, 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 Liability Limits or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)

I select the following Uninsured Motorist Coverage limit(s) listed on page 2 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 2.

AGENCY:		CARRIER		NAIC CODE
AGENCY CUSTOMER ID:				
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

**SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)**

**Split Limits**

\$10,000 / 20,000

\$25,000 / 50,000

\$50,000 / 1,000,000

\$ \_\_\_\_\_

Other \_\_\_\_\_

**Limits not available**

**Combined Single Limit**

\$20,000

\$50,000

\$100,000

Limit not available

\$300,000

\$500,000

\$1,000,000

\$ \_\_\_\_\_

Other \_\_\_\_\_

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION B**

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

Combined Single Limit \$ \_\_\_\_\_

Bodily Injury Liability Limits \$ \_\_\_\_\_ each Person  
\$ \_\_\_\_\_ each Accident

I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION C**

**ELECTION OF NON-STACKED OR STACKED\* UNINSURED MOTORIST COVERAGE**

**(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle 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 vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a 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 motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED\* UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK\* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I hereby elect the non-stacked form of Uninsured Motorist Coverage.

I hereby elect the stacked\* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form.)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**

**FLORIDA AUTO SUPPLEMENT**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS**

Pursuant to Florida law, every owner or registrant of a motor vehicle required to be registered and licensed in Florida, shall maintain Personal Injury Protection (PIP). This is often referred to as no-fault coverage.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all PIP benefits is \$10,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). 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 that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

**OPTION I. DEDUCTIBLE**

Check the applicable box(es) below.

- I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

**OPTION II. EXCLUSION OF WORK LOSS BENEFITS**

If you wish to exclude work loss benefits, check the applicable box below.

- Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- Exclude Work Loss benefits only for Named Insured.

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)**

**OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS**

*NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.*

**OPTION A**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

**OR**

**OPTION B**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

I choose **OPTION A** as outlined above.

I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

**OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS**

If you do not select a deductible (Option I), you may increase the \$10,000 Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$10,000 additional limit | <input type="checkbox"/> \$40,000 additional limit | <input type="checkbox"/> \$ _____ additional limit |
| <input type="checkbox"/> \$25,000 additional limit | <input type="checkbox"/> \$90,000 additional limit |  |

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date