

I select Bodily Injury Underinsured Motorist Coverage at the following limit:

- Minimum limit of \$75,000 Amount of premium \$ _____
- Other limit of \$ _____ Amount of premium \$ _____

I select Property Damage Uninsured Motorist Coverage at the following limit (not available when covered for collision coverages):

- \$7,500 Amount of premium \$ _____

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuations and changes unless I notify the company otherwise in writing.

Policy Number, if any: _____

Name on Policy: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Agent's Name: _____ Date: _____