



SCOTTSDALE INSURANCE COMPANY®

**National Casualty Company**

Scottsdale Indemnity Company

**UNINSURED MOTORIST (UM) COVERAGE LIMITS OFFER—PENNSYLVANIA**

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Uninsured motorist coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. Pennsylvania law requires Uninsured Motorist protection be offered, but the purchase is optional. There is an additional premium for this coverage. Coverage can be rejected by the signing of a separate form.

If you have decided to purchase Uninsured Motorist (UM) protection, the law allows you to select a limit no less than \$35,000 or no more than the Combined Bodily Injury and Property Damage Coverage Limit this policy presently provides. We have provided several options for the Uninsured Motorist (UM) limit.

Please check the box indicating the limit for either a combined coverage limit or split limit with or without stacked limits. Stacking means you can claim a total of the amounts of uninsured motorist 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 uninsured motorist coverage. There is an additional premium for this coverage. Stacked coverage can be rejected by the signing of a separate form.

Please indicate your choice(s) below:

Uninsured Motorist (UM)

Non-stacked		Stacked	
Combined Limits	Split Limits	Combined Limits	Split Limits
<input type="checkbox"/> \$ 35,000	<input type="checkbox"/> \$ 15,000/\$ 30,000	<input type="checkbox"/> \$ 35,000	<input type="checkbox"/> \$ 15,000/\$ 30,000
<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 50,000/\$ 100,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 50,000/\$ 100,000
<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$100,000/\$ 300,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$100,000/\$ 300,000
<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$250,000/\$ 500,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$250,000/\$ 500,000
<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$500,000/\$ 1,000,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$500,000/\$ 1,000,000
<input type="checkbox"/> \$ 750,000		<input type="checkbox"/> \$ 750,000	
<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$1,000,000	

By signing and dating this limits offer, I am selecting the above limits for Uninsured Motorists (UM). I act on full authority of all insureds under this policy. I realize these limits will remain unchanged on future policies unless I notify the insurance company in writing.

\_\_\_\_\_  
First Named Insured

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date



**National Casualty Company**

Scottsdale Indemnity Company

**REJECTION OF STACKED UNINSURED MOTORIST  
COVERAGE LIMITS—PENNSYLVANIA**

By signing this waiver, I am rejecting **stacked** limits of uninsured motorist 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.

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Named Insured

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Policy Number

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First Named Insured

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Position

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Signature of First Named Insured

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Date

**National Casualty Company**  
 Scottsdale Indemnity Company

**FIRST PARTY BENEFITS COVERAGE—PENNSYLVANIA**

- A. Medical Expense Benefit: Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.
- B. Income Loss Benefit: Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.
- C. Accidental Death Benefit: A death benefit paid in the event of the death of an injured person due to a covered auto accident.
- D. Funeral Benefit: Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.

According to Pa. C. S. Title 75 Chapter 17, you are required to purchase a minimum of \$5,000, Medical Expenses. All other options listed below (including a higher limit of Medical Payments) are choices for you to make. Indicate your choice of options shown below for each coverage. Then date and sign this form and return to your Agent.

BENEFIT LEVEL OPTIONS: (Include your choice by marking the box with a "X" for each coverage or for your choice of Combination Benefits option).

- A. MEDICAL EXPENSES: Per Person, Per Accident with minimum and maximum benefits as shown:  
 \$5,000 \$ \_\_\_\_\_     \$10,000 \$ \_\_\_\_\_     \$25,000 \$ \_\_\_\_\_     \$50,000 \$ \_\_\_\_\_     \$100,000 \$ \_\_\_\_\_
- B. INCOME LOSS: Per Month, Per Person, Per Accident with minimum and maximum benefits as shown:  
 None-Rejected     \$1,000/\$ 5,000 \$ \_\_\_\_\_     \$1,000/\$15,000 \$ \_\_\_\_\_     \$1,500/\$25,000 \$ \_\_\_\_\_  
 \$2,500/\$50,000 \$ \_\_\_\_\_
- C. ACCIDENTAL DEATH: Per Person, Per Accident with minimum and maximum benefits as shown:  
 None-Rejected     \$ 5,000 \$ \_\_\_\_\_     \$10,000 \$ \_\_\_\_\_     \$25,000 \$ \_\_\_\_\_
- D. FUNERAL EXPENSE: Per Person, Per Accident with minimum and maximum benefits as shown:  
 None-Rejected     \$1,500 \$ \_\_\_\_\_     \$2,500 \$ \_\_\_\_\_

OR

- COMBINATION BENEFITS: This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.
- \$ 50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ \_\_\_\_\_
  - \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ \_\_\_\_\_
  - \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ \_\_\_\_\_
  - \$277,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ \_\_\_\_\_

AND

EXTRAORDINARY MEDICAL BENEFIT (EMB): Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and capped at the lifetime limit of \$1,000,000.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000, you will be responsible for the difference.

- Do not include;     \$100,000     \$300,000     \$500,000     \$1,000,000.

\_\_\_\_\_  
 Named Insured

\_\_\_\_\_  
 Policy Number

\_\_\_\_\_  
 First Named Insured

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date



**National Casualty Company**

Scottsdale Indemnity Company

**UNDERINSURED MOTORIST (UIM) COVERAGE LIMITS OFFER—PENNSYLVANIA**

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Underinsured motorist coverage provides protection for damages incurred as a result of an accident with an underinsured motor vehicle. Pennsylvania law requires Underinsured Motorist protection be offered, but the purchase is optional. There is an additional premium for this coverage. Coverage can be rejected by the signing of a separate form.

If you have decided to purchase Underinsured Motorist (UIM) protection, the law allows you to select a limit no less than \$35,000 or no more than the Combined Bodily Injury and Property Damage Coverage Limit this policy presently provides. We have provided several options for the Underinsured Motorist (UIM) limit.

Please check the box indicating the limit for either a combined coverage limit or split limit with or without stacked limits. Stacking means you can claim a total of the amounts of underinsured motorist 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 uninsured motorist coverage. There is an additional premium for this coverage. Stacked coverage can be rejected by the signing of a separate form.

Please indicate your choice(s) below:

Underinsured Motorist (UIM)

Non-stacked		Stacked	
Combined Limits	Split Limits	Combined Limits	Split Limits
<input type="checkbox"/> \$ 35,000	<input type="checkbox"/> \$ 15,000/\$ 30,000	<input type="checkbox"/> \$ 35,000	<input type="checkbox"/> \$ 15,000/\$ 30,000
<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 50,000/\$ 100,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 50,000/\$ 100,000
<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$100,000/\$ 300,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$100,000/\$ 300,000
<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$250,000/\$ 500,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$250,000/\$ 500,000
<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$500,000/\$ 1,000,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$500,000/\$ 1,000,000
<input type="checkbox"/> \$ 750,000		<input type="checkbox"/> \$ 750,000	
<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$1,000,000	

By signing and dating this limits offer, I am selecting the above limits for Underinsured Motorists (UIM). I act on full authority of all insureds under this policy. I realize these limits will remain unchanged on future policies unless I notify the insurance company in writing.

\_\_\_\_\_  
First Named Insured

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date



**National Casualty Company**  
Scottsdale Indemnity Company

**REJECTION OF UNINSURED MOTORIST PROTECTION—PENNSYLVANIA**

By signing this waiver, I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured 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 any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

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Named Insured

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Policy Number

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First Named Insured

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Position

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Signature of First Named Insured

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Date



**National Casualty Company**

Scottsdale Indemnity Company

**REJECTION OF UNINSURED MOTORIST COVERAGE—  
RENTAL OR LEASE AGREEMENT—PENNSYLVANIA**

I am rejecting uninsured motorist coverage under this **rental or lease agreement**, and any policy of insurance or self-insurance issued under this agreement, for myself and all other passengers of this vehicle. Uninsured coverage protects me and other passengers in the vehicle for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages.

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Named Insured

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Policy Number

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Printed Name of Person Renting or Leasing

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Position

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Signature of Person Renting or Leasing

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Date



**National Casualty Company**  
Scottsdale Indemnity Company

**REJECTION OF UNDERINSURED MOTORIST PROTECTION—PENNSYLVANIA**

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.

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Named Insured

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Policy Number

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First Named Insured

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Position

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Signature of First Named Insured

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Date



**National Casualty Company**

Scottsdale Indemnity Company

**REJECTION OF UNDERINSURED MOTORIST COVERAGE-  
RENTAL OR LEASE AGREEMENT—PENNSYLVANIA**

I am rejecting underinsured motorist coverage under this **rental or lease agreement**, and any policy of insurance or self-insurance issued under this agreement, for myself and all other passengers of this vehicle. Underinsured coverage protects me and other passengers in this vehicle 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.

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Named Insured

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Policy Number

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Print Name of Person Renting or Leasing

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Position

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Signature of Person Renting or Leasing

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Date





**National Casualty Company**

Scottsdale Indemnity Company

**REJECTION OF STACKED UNDERINSURED MOTORIST  
COVERAGE LIMITS—PENNSYLVANIA**

By signing this waiver, I am rejecting **stacked** limits of underinsured motorist 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 on 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.

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Named Insured

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Policy Number

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First Named Insured

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Position

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Signature of First Named Insured

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Date