

**PENNSYLVANIA AUTO SUPPLEMENT**

|               |                               |           |
|---------------|-------------------------------|-----------|
| AGENCY        | APPLICANT/FIRST NAMED INSURED |           |
| POLICY NUMBER | CLASS                         | NAIC CODE |

**UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION**

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

Uninsured motorists protection is insurance coverage you carry on your own policy that protects only you and your family, and any other person while occupying an insured auto, if you or they are injured by a negligent driver who fails to have any insurance coverage.

**Selection of Uninsured Motorists Protection**

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

The uninsured 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 uninsured motorists coverage, the first named insured must sign the appropriate line below.

**REJECTION OF UNINSURED MOTORIST PROTECTION**

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.

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

\_\_\_\_\_  
Date

**UNINSURED COVERAGE LIMITS**

If you have chosen to keep uninsured 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 uninsured 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 uninsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

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

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

\_\_\_\_\_  
Date

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

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