



100 Erie Insurance Place • Erie, PA 16530

PENNSYLVANIA

NAMED INSURED(S) _____

POLICY OR BINDER NUMBER _____

AGENT _____ AGENT'S NUMBER _____

REQUEST FOR LOWER LIMITS OF UNDERINSURED MOTORIST COVERAGE

By signing this form, I am requesting for myself and members of my household underinsured motorist coverage in an amount less than the limits of my bodily injury liability coverage. I am knowingly and voluntarily rejecting underinsured motorist coverage in an amount equal to my bodily injury liability limits. Rather, I am requesting the following amount of underinsured motorist coverage:

\$ _____ ,000 EACH PERSON \$ _____ ,000 EACH ACCIDENT \$ _____ ,000 EACH ACCIDENT (Combined Single Limit)

Signature of First Named Insured

Print Name

Date

Copy—Home Office Copy—Policyholder Copy—Agent

(Attach Securely to App or Change Request)