

IMPORTANT NOTICE

RETURN ATTACHED FORMS WITH THE APPLICATION WITHIN THIRTY (30) DAYS

TO: PROPOSED POLICYHOLDER (APPLICANT)

IF YOU DO NOT RETURN THESE FORMS WITH THE APPLICATION TO YOUR INSURER WITHIN THIRTY (30) DAYS YOU WILL BE PRESUMED TO HAVE REJECTED UNINSURED/UNDERINSURED MOTOR VEHICLE COVERAGES.

OR

PRESENT POLICYHOLDER

IF YOU DO NOT RETURN THESE FORMS WITH THE RENEWAL APPLICATION TO YOUR INSURER WITHIN THIRTY (30) DAYS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE. THE CHARGE FOR THIS COVERAGE WAS DETERMINED FROM THE INFORMATION WE CURRENTLY HAVE IN YOUR FILE.

UNinsured Motor Vehicle Coverage

The State of West Virginia requires that you purchase **UNinsured motor vehicle coverage** with limits not less of \$20,000 per person, \$40,000 per accident for uninsured bodily injury losses, and \$10,000 for uninsured property losses under your basic automobile coverage. In your case, you have already done so, and you have opted to purchase excess or umbrella type coverage which is also written to cover automobile liability. *Therefore, the law also requires that you be given the opportunity to purchase **UNinsured motor vehicle coverage** in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well.*

UNinsured Motor Vehicle Coverage may protect you and passengers in your car if you are injured in an accident that was caused by a driver who was at-fault, or an unidentified driver who was at-fault but who does not have insurance to pay for your damages.

UNDERinsured Motor Vehicle Coverage

The State of West Virginia does not require you to purchase any **UNDERinsured motor vehicle coverage** under your basic automobile policy. However, the law does state that you must be given the opportunity to purchase this coverage in an amount not less than your liability coverage. In your case, you have opted to purchase excess or umbrella coverage which is also written to cover automobile liability. *Therefore, the law also requires that you be given the opportunity to purchase **UNDERinsured motor vehicle coverage** in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well.*

UNDERinsured motor vehicle coverage may protect you and passengers in your car if you are involved in an accident which was caused by a driver who was at-fault but the at-fault driver's insurance policy is not sufficient to pay for your damages. In some cases the at-fault driver will not have enough liability coverage to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, **UNDERinsured motor vehicle coverage** is available to you. This type of coverage may pay for the remainder of your damages up to your policy limits.

EXAMPLE:

You have purchased **UNDERinsured motor vehicle coverage** under your auto policy with limits of \$100,000 per person with a maximum of \$300,000 for any accident. You have also purchased **UNDERinsured motor vehicle coverage** under your umbrella in the amount of \$1,000,000. You are in an accident where the other driver is at-fault. The at-fault driver's liability policy limits are \$20,000 per person. You suffered damages of \$300,000. You receive \$20,000 from the at-fault driver's insurance. Since you still have outstanding losses of \$280,000, you can receive \$100,000 from your **UNDERinsured motor vehicle coverage** under your auto policy and \$180,000 from your **UNDERinsured motor vehicle coverage** under your umbrella.

If you do not have **UNDERinsured motor vehicle coverage**, you may find yourself in a situation where you did not have enough coverage to meet all of the losses you sustained in the accident.

OPTIONAL EXCESS UNINSURED MOTOR VEHICLE COVERAGE OFFER

Below are different limits and the **12 month premium** available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER AND IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

AGENT	POLICY/BINDER NUMBER
<p>MANDATORY OFFER (No Less Than Liability Coverage)</p> <p>\$ _____</p>	<p style="text-align: center;">PREMIUM</p> <p>[A] \$ _____</p>
<p>ALTERNATIVE OFFER (Any other limit available)</p> <p>\$ <u>NOT AVAILABLE</u></p>	<p>[B] \$ <u>NOT AVAILABLE</u></p>
<p>\$ <u>- 0 -</u></p>	<p>[C] \$ <u>- 0 -</u></p>

	<p>I SELECT (Check One)</p> <p>[A] _____</p> <p>I SELECT</p> <p>[B] <u>NOT AVAILABLE</u></p> <p>I REJECT</p> <p>[C] _____</p>
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A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting.

_____ I have read the **IMPORTANT NOTICE**, attached, on **UNinsured** motor vehicle coverage and understand how this coverage works.

_____ I have been given the opportunity to select the limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

_____ I have been given the opportunity to select the limits of **UNinsured** motor vehicle coverage listed above and have rejected the coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT	DATE
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This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

OPTIONAL EXCESS UNDERINSURED MOTOR VEHICLE COVERAGE OFFER

Below are different limits and the **12 month premium** available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER AND IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

AGENT _____

POLICY/BINDER NUMBER _____

NOTE: COVERAGE SELECTED MUST BE EQUAL TO THE COVERAGE SELECTED ON PAGE 1.

MANDATORY OFFER (No Less Than Liability Coverage)	PREMIUM	I SELECT (Check One)
\$ _____	[A] \$ _____	[A] _____
ALTERNATIVE OFFER (Any other limit available)		I SELECT
\$ <u>NOT AVAILABLE</u>	[B] \$ <u>NOT AVAILABLE</u>	[B] <u>NOT AVAILABLE</u>
		I REJECT
\$ <u>- 0 -</u>	[C] \$ <u>- 0 -</u>	[C] _____

A named insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting.

- _____ I have read the **IMPORTANT NOTICE**, attached, on **UNDERinsured** motor vehicle coverage and understand how this coverage works.
- _____ I have been given the opportunity to select the limits of **UNDERinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.
- _____ I have been given the opportunity to select the limits of **UNDERinsured** motor vehicle coverage listed above and have rejected the coverage.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.