

Name: _____ Policy # _____

**PENNSYLVANIA
UNDERINSURED MOTORIST COVERAGE
SELECTION/REJECTION FORM**

If you do not want Underinsured Motorist Coverage, the first named insured must sign the appropriate line below.

I want to reject Underinsured Motorist Coverage.

REJECTION OF UNDERINSURED MOTORIST PROTECTION

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.

Signature of First Named Insured

Date

***If you signed above there is no need to complete the rest of this form.**

If you have chosen to keep underinsured motorist coverage in your policy, you have the option of purchasing underinsured coverage up to the limits of your Bodily Injury Coverage. You also have the option of purchasing lower limits.

The Underinsured Motorist Coverage limits I select are: \$ _____

Signature of First Named Insured

Date

You must next decide if you wish to stack the limits of this coverage. "Stacking" means the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorist coverage as stated in the policy. Please sign below only if you wish to reject stacking.

I want to reject stacking and choose unstacked Underinsured Motorist Coverage.

UNDERINSURED COVERAGE LIMITS

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 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