

A. Selection Of Uninsured Motorists Coverage

Please indicate your choice by initialing next to the appropriate item(s) in Sections **1.** AND **2.:**

1. Selection of either Uninsured Motorists Coverage – Added On To At-Fault Liability Limits or Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits

Please indicate your choice by initialing next to the appropriate item(s) in **a.** OR **b.** below:

<p>(Initials) a. I select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits.</p> <p>_____</p>	
<p>OR</p>	
<p>(Initials) b. I reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.</p> <p>_____</p>	
<p>_____</p>	
<p style="text-align: center;">Signature Of Applicant/Named Insured</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>