

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Applicant/Named Insured:

Company: Carolina Casualty Insurance Company

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy, or whether you select this coverage at limits equal to your Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage.

| _____ _____ | <p>(Initials)</p> <p>I reject Uninsured Motorists Coverage entirely.</p> <p>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.</p> <p>(Choose one):</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 15%; text-align: left;">(Initials)</th> <th style="width: 35%; text-align: center;">Split Limits</th> <th style="width: 10%; text-align: center;">OR</th> <th style="width: 15%; text-align: right;">(Initials)</th> <th style="width: 25%; text-align: right;">Combined Single Limit</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">\$ 10,000/20,000</td> <td></td> <td>_____</td> <td style="text-align: right;">\$ 20,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">25,000/50,000</td> <td></td> <td>_____</td> <td style="text-align: right;">50,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">50,000/100,000</td> <td></td> <td>_____</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">100,000/300,000</td> <td></td> <td>_____</td> <td style="text-align: right;">250,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">250,000/500,000</td> <td></td> <td>_____</td> <td style="text-align: right;">300,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">500,000/1,000,000</td> <td></td> <td>_____</td> <td style="text-align: right;">350,000</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td>_____</td> <td style="text-align: right;">500,000</td> </tr> <tr> <td></td> <td style="text-align: center;">(Other)</td> <td></td> <td>_____</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">(Other)</td> </tr> </tbody> </table> <p>I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage. (If you select this option, disregard the bold face statement at the top of the first page.)</p> | (Initials) | Split Limits | OR | (Initials) | Combined Single Limit | _____ | \$ 10,000/20,000 | | _____ | \$ 20,000 | _____ | 25,000/50,000 | | _____ | 50,000 | _____ | 50,000/100,000 | | _____ | 100,000 | _____ | 100,000/300,000 | | _____ | 250,000 | _____ | 250,000/500,000 | | _____ | 300,000 | _____ | 500,000/1,000,000 | | _____ | 350,000 | _____ | \$ _____ | | _____ | 500,000 | | (Other) | | _____ | 1,000,000 | | | | _____ | \$ _____ | | | | | (Other) |
|-------------------|---|-------------------|---------------------|------------------------------|-------------------|------------------------------|-------|------------------|--|-------|-----------|-------|---------------|--|-------|--------|-------|----------------|--|-------|---------|-------|-----------------|--|-------|---------|-------|-----------------|--|-------|---------|-------|-------------------|--|-------|---------|-------|----------|--|-------|---------|--|----------------|--|-------|-----------|--|--|--|-------|----------|--|--|--|--|----------------|
| (Initials) | Split Limits | OR | (Initials) | Combined Single Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ 10,000/20,000 | | _____ | \$ 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | 25,000/50,000 | | _____ | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | 50,000/100,000 | | _____ | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | 100,000/300,000 | | _____ | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | 250,000/500,000 | | _____ | 300,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | 500,000/1,000,000 | | _____ | 350,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | \$ _____ | | _____ | 500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Other) | | _____ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | (Other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists Coverage)

If your policy is a Personal Auto policy or, if your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Under non-stacked Uninsured Motorists Coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked type of uninsured motorists coverage, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of automobiles covered under the policy.

(Initials)

_____ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date