

WEST VIRGINIA UNINSURED MOTORISTS COVERAGE OFFER (SINGLE LIMITS)

Applicant/Named Insured:
Company:

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

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

UNINSURED MOTORISTS COVERAGE (MANDATORY)	AGENT: _____	
	POLICY/BINDER NUMBER: _____	
NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW _____		
RATES <input type="checkbox"/> INCLUDE <input type="checkbox"/> DO NOT INCLUDE MULTI-CAR DISCOUNT.		
SINGLE LIMITS		
MANDATORY LIMITS	PREMIUM	I SELECT (CHECK ONE)
[A] \$ 50,000	[A] \$ _____	[A] <input type="checkbox"/>
OPTIONAL LIMITS		
[B] \$ 100,000	[B] \$ _____	[B] <input type="checkbox"/>
[C] \$ 200,000	[C] \$ _____	[C] <input type="checkbox"/>
[D] \$ 300,000	[D] \$ _____	[D] <input type="checkbox"/>
[E] \$ 350,000	[E] \$ _____	[E] <input type="checkbox"/>
[F] \$ _____	[F] \$ _____	[F] <input type="checkbox"/>
[G] \$ _____	[G] \$ _____	[G] <input type="checkbox"/>

A named insured or applicant must 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 optional limits of **UNinsured** motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

Signature Of A Named Insured Or Applicant

Date

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