

VIRGINIA UNINSURED MOTORIST SELECTION FORM

Virginia Statute § 38.2-2206 requires auto liability policies to provide Uninsured Motorist Coverage with limits not less than minimum financial responsibility limits.

By law, the limits of Uninsured Motorist Coverage will equal the limits of liability insurance on this policy. However, if you purchase liability limits in excess of financial responsibility limits, you may select lower limits of Uninsured Motorist Coverage by signing and returning this form. You cannot select Uninsured Motorist Coverage limits less than minimum financial responsibility limits or more than your liability limit of insurance.

If you have any questions or wish to change your coverage, please contact your agent. Your agent must notify us of any changes in order for such changes to be effective.

Rejection of additional limits of Uninsured Motorist insurance by any Named Insured is binding on all insureds under this policy.

In accordance with Virginia law, the undersigned Named Insured:

(Applicable item marked)

Selects Uninsured Motorist Coverage at the minimum limits allowed by law:

\$ _____ Bodily Injury each person \$ _____ Property Damage each accident
\$ _____ Bodily Injury each accident

Selects Uninsured Motorist Coverage at limits which are lower than the liability limits on this policy (which are _____), but are higher than the minimum limits allowed by law. The limits selected for Uninsured Motorist Coverage are:

(Enter limits if split limits of liability apply)

\$ _____ Bodily Injury each person \$ _____ Property Damage each accident
\$ _____ Bodily Injury each accident

(Enter limit if a combined single limit of liability applies)

\$ _____ Each accident

I UNDERSTAND THAT THE OPTION I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.

 _____
Signature of Named Insured or representative

 _____
Title

 _____
Date

 _____
Policy Number