



NAMED INSURED(S) _____

POLICY OR BINDER NUMBER _____

AGENT _____ AGENT'S NUMBER _____

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

Print Name

Date

Copy—Home Office Copy—Policyholder Copy—Agent