## **ELECTION OF STACKED OR NON-STACKED COVERAGE**

(Only available if you have Uninsured Motorists Coverage)

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorist Coverage. Under this 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.

You also have the option to purchase stacked Uninsured Motorists Coverage. Under this coverage your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries sustained by

you or a family member. Thus, your policy limits would automatically change during the you increase or decrease the number of autos covered under the policy.	e policy term if
Your current limits for Uninsured Motorists Coverage are shown on your Declarations Pato change your coverage, please check the appropriate box and sign below.	nge. If you want
I hereby elect the non-stacked form of Uninsured Motorist coverage.	
I hereby elect the stacked form of Uninsured Motorist coverage.	
I understand and agree that selection of any of the above options applies to my liability is and future renewals or replacements of such policy. If I decide to select another option time, I must let the Company know in writing.	nsurance policy at some future
Named Insured's Signature	Date
Print Name	Policy Number
If you have any questions about this form please call .	