WEST VIRGINIA UNINSURED / UNDERINSURED MOTORISTS COVERAGE
OFFER OF SPLIT LIMITS LIABILITY

UNINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED’S SIGNATURE, INSURER MUST COMPLETE THE
BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE
A KNOWING AND INTELLIGENT SELECTION.)

AGENT: __________________________________________________________

POLICY / BINDER NUMBER: __________________________________________

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: ______

Rates ☐ include ☐ do not include multi-car discount.

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

MANDATORY OFFERS (initial offer [A] represents limits no less than liability coverage):

<table>
<thead>
<tr>
<th>Bodily Injury Per Person</th>
<th>Bodily Injury Per Accident</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _________</td>
<td>$ _________</td>
<td>$ _________</td>
<td>[A] $ _________</td>
</tr>
<tr>
<td>$ 100,000</td>
<td>$ 300,000</td>
<td>$ 50,000</td>
<td>[B] $ _________</td>
</tr>
</tbody>
</table>

OPTIONAL OFFERS:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _________</td>
<td>$ _________</td>
<td>$ _________</td>
<td>[C] $ _________</td>
</tr>
<tr>
<td>$ _________</td>
<td>$ _________</td>
<td>$ _________</td>
<td>[D] $ _________</td>
</tr>
<tr>
<td>$ _________</td>
<td>$ _________</td>
<td>$ _________</td>
<td>[E] $ _________</td>
</tr>
<tr>
<td>$ _________</td>
<td>$ _________</td>
<td>$ _________</td>
<td>[F] $ _________</td>
</tr>
</tbody>
</table>

* A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

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 limits of UNinsured motor vehicle coverage listed above. By making a selection, I am rejecting the other remaining offers of coverage.

__________________________________________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT

__________________________________________________________
DATE
UNDERINSURED MOTORISTS COVERAGE OFFER

(EXCEPT FOR THE SELECTION SECTION AND INSURED’S SIGNATURE, INSURER MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.)

AGENT: ____________________________________________

POLICY / BINDER NUMBER: ____________________________________________

NUMBER OF VEHICLES SUBJECT TO PREMIUMS BELOW: _____

Rates [ ] include [ ] do not include multi-car discount.

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

MANDATORY OFFER (limits no less than liability coverage):

<table>
<thead>
<tr>
<th>Bodily Injury Per Person</th>
<th>Bodily Injury Per Accident</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
</table>
| $__________ | $__________ | $__________ | [A] $__________ | [A] [ ]

OPTIONAL OFFERS:

<table>
<thead>
<tr>
<th>Bodily Injury Per Person</th>
<th>Bodily Injury Per Accident</th>
<th>Property Damage</th>
<th>Premium</th>
</tr>
</thead>
</table>
| $__________ | $__________ | $__________ | [B] $__________ | [B] [ ]
| $__________ | $__________ | $__________ | [C] $__________ | [C] [ ]
| $__________ | $__________ | $__________ | [D] $__________ | [D] [ ]
| $__________ | $__________ | $__________ | [E] $__________ | [E] [ ]

[ ] REJECT [ ] REJECT [ ] REJECT [F] [ ] REJECT

*A named insured or applicant must complete the selection part of this form in his or her own handwriting or by appropriate electronic means. The selection or rejection of coverage is binding on all persons covered under the policy. The selected limits apply until a change in the limits is requested.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above. By making a selection for coverage, I am rejecting the other remaining offers of coverage.

_________________________________________  ______________________________________
SIGNATURE OF A NAMED INSURED OR APPLICANT  DATE