



**WEST VIRGINIA PERSONAL AND COMMERCIAL UMBRELLA LIABILITY SUPPLEMENT  
UNINSURED/UNDERINSURED MOTORISTS COVERAGE OFFER OF SINGLE LIMIT LIABILITY**

DATE (MM/DD/YYYY)

PRODUCER	APPLICANT/NAMED INSURED		
	COMPANY		
	Check One:	PERSONAL UMBRELLA	COMMERCIAL UMBRELLA
	POLICY NUMBER		EFFECTIVE DATE
CODE:	SUBCODE:		

**OPTIONAL EXCESS UNINSURED MOTOR VEHICLE COVERAGE OFFER**

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.

AGENT	POLICY/BINDER NUMBER
-------	----------------------

	Premium	I SELECT (Check One)
<b>MANDATORY OFFER (No less than Liability Coverage)</b>		
\$ _____	[A] \$ _____	[A] _____
<b>ALTERNATIVE OFFER (Any other limit available)</b>		
\$ _____	[B] \$ _____	[B] _____
\$ _____ 0	[C] \$ _____ 0	[C] _____
		<b>I REJECT</b>

**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.
- I have been given the opportunity to select the optional limits of UNinsured motor vehicle coverage listed above and have rejected the coverage.

\_\_\_\_\_  
SIGNATURE OF A NAMED INSURED OR APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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

**OPTIONAL EXCESS UNDERINSURED MOTOR VEHICLE COVERAGE OFFER**

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.

AGENT	POLICY/BINDER NUMBER
-------	----------------------

	Premium	I SELECT (Check One)
<b>MANDATORY OFFER (No less than Liability Coverage)</b>  \$ _____	[A] \$ _____	[A] _____
<b>ALTERNATIVE OFFER (Any other limit available)</b>  \$ _____	[B] \$ _____	[B] _____
\$ _____ 0	[C] \$ _____ 0	<b>I REJECT</b> [C] _____

**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 UNDERinsured motor vehicle coverage and understand how this coverage works.
- I have been given the opportunity to select the optional limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.
- I have been given the opportunity to select the optional limits of UNDERinsured motor vehicle coverage listed above and have rejected the coverage.

\_\_\_\_\_  
SIGNATURE OF A NAMED INSURED OR APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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