



**Applicant's Acknowledgement**

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured and Underinsured Motorist Coverage. Selections have been made by initialing the appropriate lines on the previous page. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured and Underinsured Motorist Bodily Injury Coverage to select or reject coverage and limits on the behalf of the named insured.

**YOUR SELECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.**

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature of Agent of Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_