



Acadia Insurance Company
Continental Western Insurance Company
Firemen's Insurance Company of Washington D.C.
Union Insurance Company

PENNSYLVANIA UNINSURED MOTORISTS COVERAGE SELECTION OF LIMITS

Applicant/First Named Insured:
Company:

Pennsylvania law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Mandatory Offer Of Uninsured Motorists Coverage

Uninsured motorists coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

1. Selection Of Uninsured Motorists Coverage

(Initials)	
_____	I select Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage.
_____	_____
Applicant's/First Named Insured's Signature	Date



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2. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Uninsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

_____ (Initials)	I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.
(Choose one):	
_____ (Initials)	Combined Single Limit
_____ 	\$ 35,000
_____ 	50,000
_____ 	100,000
_____ 	250,000
_____ 	300,000
_____ 	350,000
_____ 	500,000
_____ 	1,000,000
_____ 	\$ (Other)

Applicant's/First Named Insured's Signature	Date