

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

**SELECTION/REJECTION OF OPTIONAL EXCESS  
UNINSURED/UNDERINSURED MOTORIST COVERAGE – (Georgia)**

Coverage selected on this Selection Form is subject to the terms and condition of the policy to which it is attached.

I understand that, unless otherwise selected on this form, my policy provides no Excess Uninsured/Underinsured Motorist coverage for motor vehicles (Excess UM/UIM coverage). I understand that I have the option to purchase additional Excess UM/UIM coverage or to reject such optional Excess UM/UIM Coverage under my policy entirely. **I understand that if I reject optional additional Excess UM/UIM coverage, I am electing not to purchase a valuable coverage which would protect me and other Insureds in the event of a covered loss.**

I understand and agree that the limits shown in Item 3. POLICY LIMITS, Coverage B on the Declarations are the most the Company will pay for all damages resulting from any one accident regardless of the number of covered persons, claims made, vehicles or premium shown on the Declarations or vehicles involved in the incident.

I understand and agree that, as a condition of Excess UM/UIM coverage under my policy, I will obtain and maintain underlying UM/UIM coverage on all motor vehicles covered by my policy with limits equal to the limits of underlying Automobile Liability Insurance in Item 6.

**REQUIRED UNDERLYING INSURANCE COVERAGE** on the Declarations or as shown on the Schedule of Underlying Insurance Endorsement or the Specified Automobile Endorsement (if applicable). **If such underlying insurance is not obtained or maintained at the required limits of liability Coverage B – Excess Uninsured/Underinsured Motorist coverage is null and void by the terms of the policy.**

I acknowledge that Excess UM/UIM coverage has been explained to me by my agent. I have been offered the option of selecting Excess UM/UIM coverage with limits equal to \$25,000 per person/\$50,000 per accident and \$25,000 of property damage coverage for my motor vehicles, my underlying Bodily Injury limits for Automobiles, a separate UM/UIM limit of \$1,000,000 C.S.L., or to reject Excess UM/UIM coverage entirely.

1. I select Excess UM/UIM coverage equal to \$1,000,000 Bodily Injury \_\_\_\_\_ (initials)
2. I select Excess UM/UIM coverage equal to my Automobile Bodily Injury Underlying Limits \_\_\_\_\_ (initials)
3. I select Excess UM/UIM coverage of \$25,000 per person/\$50,000 per accident with \$25,000 of property damage \_\_\_\_\_ (initials)
4. I reject optional additional Excess UM/UIM coverage entirely \_\_\_\_\_ (initials)

***Note: One of the four options must be selected***

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Named Insured's Full Name (Please Print Legibly)

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Signed

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Date