

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

You may select one of the following options (initial only one option):

- 1. _____ I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) has been offered to me.
 Initials
- 2. _____ I reject UMPD Coverage.
 Initials

Signature of a Named Insured or Legal Representative

03/14/2010
Date