

AMERICAN SECURITY INSURANCE COMPANY

A STOCK INSURANCE COMPANY

Home Office: 11222 Quail Roost Drive, Miami, FL 33157-6596

Administrative Office: American Collectors Insurance, Inc. - 496 Kings Hwy. No., Cherry Hill, NJ 08002 - 1-800-360-2277

IMPORTANT UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Minnesota law requires that we offer you Uninsured/Underinsured Motorists coverage limits in at least the minimum amount required by law, \$25,000/50,000 bodily injury. You may select a limit lower than your bodily injury limits, but not lower than the state's minimum split limits above.

Note: Your coverage provides combined Uninsured/Underinsured Motorists coverage and cannot be rejected.

Uninsured/Underinsured Motorists Selection – Please Check One Box Below

I hereby elect the following Uninsured/Underinsured Motorist coverage limits:

- \$ 25,000/50,000 \$ 30,000/60,000 \$100,000 CSL* \$ 300,000 CSL*
- \$ 250,000/500,000 \$300,000/\$500,000 \$500,000 CSL*

* Combined Single Limits

I understand that the selection I checked above will remain in force until a named insured rescinds it in writing.

SIGNATURE OF NAMED INSURED

X

DATE

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PERSONAL INJURY PROTECTION OPTIONS

Minnesota allows you to stack Personal Injury Protection Coverage limits if you insure more than one vehicle. Stacking means that you can multiply the limit of liability of your Personal Injury Protection Coverage by the number of vehicles that you insure. Electing this option will result in an increase in your Personal Injury Protection premium. Please check the appropriate box below.

Personal Injury Coverage Stacking

- I want Personal Injury Protection coverage stacking.
- I do not want Personal Injury Protection coverage stacking.

In addition, Named Insured(s) and relatives age 65 or older OR who have attained the age of 60 years and are retired and receiving a pension, may elect to exclude the work loss benefits provided by Personal Injury Protection Coverage if they have no expectation of actual income loss. This option can be elected to apply only to the Named Insured(s), or to the Named Insured(s) and his or her relatives. Selection of this option will reduce Personal Injury premiums. Please check the appropriate box below.

Work Loss Exclusion Selection

- I wish to exclude Personal Injury Protection work loss benefits to the Named Insured(s) only.
- I wish to exclude Personal Injury Protection work loss benefits to the Named Insured(s) and relatives.
- I do not wish to exclude Personal Injury Protection work loss benefits.

SIGNATURE OF NAMED INSURED

X

DATE

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