

Pennsylvania Required Acknowledgement of
Lack of Certain Coverages

A. Rejection of Uninsured Motorist Protection:

By signing this waiver, I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured Date

B. Stacked Insurance Coverage Limits:

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which limits of coverage would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named insured Date

C. The insurance policy is for liability only: the legal minimum. I understand that my personal injuries are **not covered**. I understand that accidental damage to the motorcycles is **not covered**.

Signature of Rider Date