

III. Offer of Optional Underinsured Motorist Coverage

| Limits of Coverage | Amount of Increased Premium | Amount of Increased Premium With Multiple Automobile Discount |
|------------------------------|------------------------------|---|
| \$25,000/\$50,000/\$25,000 | \$ 39.24 additional premium | \$ 35.32 additional premium |
| \$25,000/\$50,000/\$50,000 | \$ 40.42 additional premium | \$ 36.38 additional premium |
| \$50,000/\$100,000/\$25,000 | \$ 53.37 additional premium | \$ 48.03 additional premium |
| \$50,000/\$100,000/\$50,000 | \$ 54.54 additional premium | \$ 49.09 additional premium |
| \$100,000/\$300,000/\$25,000 | \$ 71.81 additional premium | \$ 64.63 additional premium |
| \$100,000/\$300,000/\$50,000 | \$ 72.99 additional premium | \$ 65.69 additional premium |
| \$250,000/\$500,000/\$50,000 | \$ 103.59 additional premium | \$ 93.23 additional premium |

The above Limits of Coverage are some of the more commonly-sold limits of underinsured motorist coverage. Other limits are available. If there are other limits in which you are interested, but which are not shown above, then fill in those limits on the blank line below. If we are permitted to market those limits in this State, your insurance agent will fill in the amounts of increased premium.

_____/_____/_____
Your Policy's Liability Coverage Limits:
25,000 / **50,000** / **25,000** **39.24** **35.32**

Do you wish to purchase optional **underinsured** motorist coverage? ☒ Yes ☐ No

If your answer is "no", then you must sign here: _____

If your answer is "yes", then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select **25,000** / **50,000** / **25,000**

IV. Applicant's Acknowledgment

By my signature, I acknowledge that I have read — or I have had read to me — the above explanations and offers of additional uninsured motorist coverage and optional underinsured motorist coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding page have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: Amy J. Hilburn William D. Hilburn

Your Signature:  

110 DARBY LN

Your Address: **ANDERSON, SC 29624-1116**

Your ZIP Code

Today's Date: June 6, 2012 Your Application or Policy No. **40 -1512-D14**