

ACORD™ IOWA AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE STACKING COVERAGE OPTION NOTICE

The following Uninsured and Underinsured Motorists Stacking option is ONLY available if the company you are applying to offers this coverage. Consult with your professional insurance agent as to the availability of this coverage, its additional cost and for additional information as to how it works.

_____ I wish to select the Stacking Option for the Uninsured and/or Underinsured Motorists Coverage(s)
(Initials) for all vehicles on my policy.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____