



Vermont League  
of Cities & Towns

**COVERAGE DIRECTION FORM - Uninsured/Underinsured Motorist (UM/UIM)**

**Covering Entity:**

VLCT Property & Casualty Intermunicipal Fund, Inc. (The Fund)  
89 Main Street, Suite 4  
Montpelier, VT 05602-2948

**Name and Address of Named Member:**

Georgia Town

47 Town Common Road North

St. Albans

VT

05478

**Policy No:** P2152024-01

**Policy Effective Date:** 1/1/2024

**Please select ONE of the options below:**

- ☒ On behalf of the Undersigned Municipality, I hereby direct The Fund to provide **uninsured/underinsured motorist coverage with a limit of \$250,000 per occurrence**, which is less than the standard auto liability limit of coverage. This coverage direction shall apply to this and future policy years, unless a change in coverage limit is requested, and applies to all locations and all activities of the Named Member.
- ☐ On behalf of the Undersigned Municipality, I hereby request the standard \$10,000,000 uninsured/underinsured motorist coverage limit and agree to the additional cost of coverage:

**I affirm that I am authorized to sign this document on behalf of the municipality.**

Municipal Representative Name: Devon Thomas

Title: Selectboard Chair

Signature of Authorized Member Agent:

**This is a summary disclosure only. Refer to the actual language of the VLCT PACIF Property & Casualty Coverage Document and the Policy Declarations. If you have questions about UM/UIM coverage, please contact Underwriting at the number below or via email at [underwriting@vlct.org](mailto:underwriting@vlct.org)**