REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Policy Number: [Enter Policy Number]

Named Insured: [Enter Company Name]

Effective Date: [Enter Date]

The undersigned representative of the Named Insured acknowledges that Uninsured Motorists (UM) and Underinsured Motorists (UIM) coverages have been explained. I understand that these coverages provide protection for bodily injury and/or property damage sustained by an insured person who is legally entitled to recover damages from the owner or operator of an uninsured or underinsured motor vehicle.

In accordance with the laws of the State of [Enter State Name], I hereby make the following selection regarding these coverages:

[ ] REJECTION OF COVERAGE: I hereby reject Uninsured Motorists and Underinsured Motorists coverage in its entirety for this policy and all future renewals.

[ ] SELECTION OF LOWER LIMITS: I hereby select Uninsured Motorists and Underinsured Motorists coverage at the following reduced limits: $[Enter Amount] per person / $[Enter Amount] per accident.

I understand that this rejection/selection shall apply to this policy, to all future renewals, and to any replacement policies unless I notify the Insurance Company in writing of a change.

_____
Signature of Named Insured or Authorized Representative

_____
Printed Name and Title

_____
Date Signed