Uninsured Motorist Coverage Selection/Rejection Form

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Insurance Company: [Insert Insurance Company Name]

Named Insured: [Insert Full Name]

I, the undersigned, acknowledge that I have been offered Uninsured/Underinsured Motorist Coverage in an amount equal to my Bodily Injury Liability limits. I understand that this coverage protects me, my resident relatives, and occupants of my insured vehicle for damages caused by owners or operators of uninsured or underinsured motor vehicles.

By signing this document, I am making the following election (Please initial one):

____ **REJECTION OF COVERAGE:** I hereby reject Uninsured/Underinsured Motorist Coverage in its entirety. I understand that I will have no protection under this policy for damages caused by an uninsured or underinsured motorist.

____ **SELECTION OF LOWER LIMITS:** I wish to select Uninsured/Underinsured Motorist Coverage at limits lower than my Bodily Injury Liability limits. I request the following limits: $[Insert Amount] per person / $[Insert Amount] per accident.

This election applies to the policy identified above and to any renewal, reinstatement, substitute, amended, or replacement policy. I understand that if I wish to change this selection in the future, I must notify the company in writing.

_____
Signature of Named Insured

_____
Date Signed