Date: [Insert Date]

Insurance Company Name: [Insert Company Name]
Policy Number: [Insert Policy Number]
Named Insured: [Insert Your Full Name]

RE: REJECTION OF UNDERINSURED MOTORIST COVERAGE

To Whom It May Concern,

I, [Insert Your Full Name], the named insured under the above-referenced policy, hereby acknowledge that I have been offered the option to purchase Underinsured Motorist (UIM) Coverage. I understand that this coverage is intended to protect me, my resident relatives, and occupants of my insured vehicle for damages sustained in an accident caused by a driver who has insurance, but whose limits are insufficient to cover the full amount of my damages.

By signing this document, I am formally electing to **REJECT** Underinsured Motorist Coverage in its entirety. I understand that this rejection will apply to the policy identified above and to all future renewals, reinstatements, or replacements of this policy unless I notify the company in writing that I wish to add this coverage.

I confirm that I have read this endorsement and fully understand my rights to this coverage. I choose to waive these rights voluntarily.

Sincerely,

_____
Signature of Named Insured

_____
Printed Name

_____
Date Signed