[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Acknowledgment of Rejection of Uninsured Motorist Bodily Injury Coverage

Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have received your signed election form regarding Uninsured Motorist Bodily Injury (UMBI) coverage for the policy referenced above.

Specifically, you have elected to **reject** this coverage in its entirety. By rejecting this coverage, you understand and agree that:

- You will not be provided with coverage for damages, including medical expenses, pain and suffering, or lost wages, resulting from bodily injury caused by an uninsured or hit-and-run motorist.
- This rejection applies to you and all other insured persons under this policy.
- This rejection will remain in effect for the current policy term and all subsequent renewals, reinstatements, or replacements of this policy unless you request to add the coverage in writing at a later date.

We have updated our records to reflect your decision. A copy of your signed rejection form is enclosed for your personal records.

If you have any questions regarding this acknowledgment or wish to discuss adding this coverage back to your policy, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]

Enclosure: Signed UMBI Rejection Form