[Date]

[Insurance Company Name]
[Policy Number]
[Insured Name]
[Address]
[City, State, Zip Code]

REJECTION OF UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

I, the undersigned, acknowledge that I have been offered Uninsured Motorist Property Damage (UMPD) coverage as part of my automobile insurance policy.

I understand that UMPD coverage pays for damages to my insured vehicle caused by an at-fault driver who does not carry liability insurance. I further understand that by rejecting this coverage, I will not be protected under this policy for property damage losses resulting from an accident with an uninsured motorist, unless I have Collision coverage (subject to my deductible).

By signing this document, I am formally electing to **REJECT** Uninsured Motorist Property Damage coverage in its entirety for the vehicle(s) listed on this policy and any future renewals or replacements of this policy, unless I request the coverage in writing at a later date.

_____
Signature of Named Insured

_____
Printed Name

_____
Date Signed