REJECTION OF UNINSURED MOTORIST COVERAGE

Policy Number: [Policy Number]

Named Insured: [Insured Full Name]

Insurance Company: [Company Name]

State: [State Name]

I have been given the opportunity to purchase Uninsured Motorist (UM) Coverage and/or Underinsured Motorist (UIM) Coverage in an amount up to my Bodily Injury Liability limits.

I understand that Uninsured Motorist Coverage provides protection for me and any passengers in my vehicle if we are injured in an accident caused by a driver who does not have any liability insurance, or a driver who has insurance limits that are insufficient to cover the total damages (Underinsured).

Selection/Rejection:

I reject Uninsured Motorist Bodily Injury Coverage in its entirety.

I reject Underinsured Motorist Bodily Injury Coverage in its entirety.

I select Uninsured/Underinsured Motorist limits lower than my Bodily Injury Liability limits. (Specify Limits: $_____)

By signing this form, I acknowledge that this rejection applies to this policy and all future renewals, reinstatements, or substitute policies unless I notify the company in writing that I wish to add this coverage.

_____
Signature of Named Insured

_____
Date