REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

Policyholder Name: [Insert Company Name]

Policy Number: [Insert Policy Number]

Effective Date: [Insert Date]

To [Insert Insurance Company Name],

I, the undersigned, am an authorized representative of the Policyholder named above. I acknowledge that I have been offered the option to purchase Uninsured Motorist (UM) and Underinsured Motorist (UIM) bodily injury and property damage coverage in amounts up to the liability limits of this fleet policy.

By signing this document, I formally elect the following (check one):

[ ] I completely REJECT Uninsured/Underinsured Motorist coverage for all vehicles insured under this policy.
[ ] I elect Uninsured/Underinsured Motorist coverage at limits lower than the policy's liability limits, specifically: $[Insert Amount].

I understand and agree that this rejection or selection of lower limits shall apply to all vehicles now listed in the policy, as well as any vehicles subsequently added to the fleet. This election shall remain in effect for all future renewals, reinstatements, or replacements of this policy unless I notify the insurer otherwise in writing.

I further understand that by rejecting this coverage, no benefits will be paid under this policy for damages caused by an uninsured or underinsured motorist to any person or vehicle covered under this fleet policy.

Authorized Signature: _____

Printed Name: [Insert Name]

Title: [Insert Job Title]

Date: [Insert Date signed]