REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number, if known]
Vehicle Description: [Insert Motorcycle Make, Model, and VIN]

To [Insert Insurance Company Name]:

I, the undersigned, acknowledge that I have been offered Uninsured Motorist (UM) and Underinsured Motorist (UIM) coverage in connection with my motorcycle insurance policy. These coverages are intended to protect me and my passengers for bodily injury damages caused by a driver who has no insurance or insufficient insurance coverage.

By signing this document, I am making the following selection (initial one):

____ I hereby **REJECT** Uninsured/Underinsured Motorist Bodily Injury coverage in its entirety.

____ I hereby **REJECT** Uninsured/Underinsured Motorist Property Damage coverage in its entirety.

I understand that by rejecting these coverages, I will not be protected under my own policy for damages or injuries sustained in an accident caused by an uninsured or underinsured motorist while operating or occupying the motorcycle described above.

I understand that this rejection will apply 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 and pay the required premium.

Signature of Named Insured: _____

Printed Name: _____

Date: _____