Date: [Insert Date]

To: [Insurance Company Name]
Policy Number: [Insert Policy Number]
Named Insured: [Insert Your Full Name]

Subject: Rejection of Excess Uninsured/Underinsured Motorist Coverage

Dear [Insurance Agent or Company Name],

I am writing to formally notify you of my decision regarding Uninsured Motorist (UM) and Underinsured Motorist (UIM) coverage under my Personal Umbrella Liability Policy.

I have been informed of the availability of Excess Uninsured/Underinsured Motorist coverage. I understand that this coverage would provide protection in the event that I, or any other insured person under this policy, sustain bodily injury caused by a driver who has no insurance or insufficient insurance limits.

By signing this letter, I am intentionally and voluntarily rejecting Excess Uninsured/Underinsured Motorist coverage in its entirety. I wish for my Umbrella Policy to provide liability coverage only, excluding any UM/UIM benefits.

Please update my policy records to reflect this rejection effective [Insert Date].

Sincerely,

_____
[Insert Printed Name]

_____
[Insert Date Signed]