Date: [Insert Date]

Policy Number: [Insert Policy Number]
Named Insured: [Insert Insured Name]
Insurance Carrier: [Insert Company Name]

Subject: Rejection of Uninsured/Underinsured Motorist Coverage

To [Insurance Company Name],

I, [Insert Insured Name], am writing to formally confirm my decision regarding Uninsured Motorist (UM) and Underinsured Motorist (UIM) Body Injury and Property Damage coverage for the above-referenced policy.

I acknowledge that the nature of this coverage has been explained to me, including its purpose in protecting me if I am involved in an accident with a driver who has no insurance or insufficient insurance limits.

Selection:

[ ] I formally **REJECT** Uninsured/Underinsured Motorist Coverage in its entirety.
[ ] I elect to purchase coverage at lower limits than my Bodily Injury Liability limits as specified in the attached application.

I understand that by signing this document electronically, I am waiving my right to this coverage. This rejection shall apply to the policy requested, all future renewals, and any replacements or reinstatements of this policy unless I notify the company otherwise in writing.

Electronic Signature: _____

Printed Name: [Insert Name]

IP Address: [Insert IP Address]
Timestamp: [Insert Date and Time]