[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Renewal Endorsement - Rejection of Uninsured Motorist Coverage

Dear [Policyholder Name],

This letter serves as a formal endorsement to your upcoming policy renewal for policy number **[Policy Number]**, effective **[Renewal Effective Date]**.

Our records indicate that you have previously signed a written rejection of Uninsured Motorist (UM) and/or Underinsured Motorist (UIM) coverage. In accordance with state law and your renewal terms, this rejection remains in effect for your renewal policy period.

Summary of Coverage Selection:

- **Uninsured Motorist Bodily Injury:** REJECTED
- **Uninsured Motorist Property Damage:** REJECTED
- **Underinsured Motorist Coverage:** REJECTED

By maintaining this rejection, you acknowledge that you will not have coverage under this policy for damages or injuries caused by an at-fault driver who does not carry insurance or who carries insufficient insurance limits.

If you wish to add this coverage back to your policy, please contact your agent or our customer service department at [Phone Number] prior to your renewal date. Additional premiums will apply if coverage is added.

Please keep this endorsement with your renewal policy documents.

Sincerely,

[Insurance Company Name]
[Underwriting Department]
[Contact Information]