REJECTION OF UNINSURED MOTORIST COVERAGE

Policy Number: _____
Named Insured: _____
Insurance Company: _____

I, the undersigned, acknowledge that I have been offered Uninsured Motorist Coverage (UM) and/or Underinsured Motorist Coverage (UIM) in connection with my automobile liability insurance policy.

I understand that Uninsured Motorist Coverage provides protection for bodily injury and/or property damage sustained by an insured person who is legally entitled to recover damages from the owner or operator of an uninsured motor vehicle.

I have been provided with an explanation of the coverage and the options available to me. By signing this document, I am making a formal decision to **REJECT** and **WAIVE** this coverage in its entirety.

I understand that this waiver will apply to the policy applied for and to all future renewals, continuations, reinstatements, or substitute policies unless I notify the company in writing that I wish to purchase this coverage.

Selection:

[ ] I reject Uninsured Motorist Bodily Injury Coverage.
[ ] I reject Uninsured Motorist Property Damage Coverage.

_____
Signature of Named Insured

_____
Date

_____
Printed Name