Date: [Insert Date]

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

RE: Declination of Supplemental Uninsured/Underinsured Motorists (SUM) Coverage

To Whom It May Concern,

I, [Insert Full Name], the named insured under the above-referenced policy, hereby acknowledge that I have been informed of the availability of Supplemental Uninsured/Underinsured Motorists (SUM) Coverage.

I understand that this coverage would provide additional protection for me, my family, and occupants of my vehicle in the event of an accident with a motor vehicle that either has no insurance or has insurance limits lower than my own SUM limits.

After careful consideration, I have decided to:

- Reject Supplemental Uninsured/Underinsured Motorists (SUM) coverage entirely; or
- Select a limit of coverage lower than my current Bodily Injury Liability limits.

I understand that by signing this document, I am choosing to limit the amount of protection available to me and others covered under my policy in the event of an injury caused by an uninsured or underinsured driver.

This election shall apply to this policy and all future renewals or replacements of this policy unless I notify the company otherwise in writing.

Sincerely,

_____
Signature of Named Insured

_____
Printed Name

_____
Date Signed