

Policy Number:

Rejection of Uninsured/Underinsured Motorist Bodily Injury Coverage

I have been offered Uninsured/Underinsured Motorist Bodily Injury Coverage in amounts equal to and greater than the limits of my Bodily Injury Liability Coverage and I reject the option to purchase any Uninsured/Underinsured Motorist Bodily Injury Coverage. I understand that Uninsured/Underinsured Motorist Bodily Injury Coverage would have protected me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance or does not have enough insurance.

I understand and agree that this rejection of Uninsured/Underinsured Motorist Bodily Injury Coverage shall be binding on all persons insured under the policy, and that this rejection shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a request to add the coverage and pays the additional premium.

Signature of Named Insured

Date

X