

**REJECTION OF OPTIONAL ADDITIONAL  
UNINSURED/UNDERINSURED MOTORIST  
(MOTOR VEHICLE) COVERAGE ENDORSEMENT**

I understand that I have the choice to either purchase or reject optional additional Uninsured/Underinsured Motorist (Motor Vehicle) Coverage in my policy. The basic policy provides \$25,000.00 of this coverage.

I understand that if I reject optional additional Uninsured/Underinsured Motorist (Motor Vehicle) Coverage, I am electing not to purchase a valuable coverage which would protect me in the event of loss.

I understand and agree that the Limits shown in Item 3., POLICY LIMITS, of this policy are the most the Company will pay for all damages resulting from any one accident regardless of the number of covered persons, claims made, vehicles or premium shown on the declarations or vehicles involved in the incident.

\_\_\_\_\_ I reject optional additional Uninsured/Underinsured Motorist (Motor Vehicle) Coverage.

**ADDITIONAL POLICY CONDITIONS**

**IN THE EVENT THERE IS MORE THAN ONE INSURED LISTED ON THE DECLARATIONS PAGE OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED, REJECTION BY ANY ONE INSURED SHALL BE DEEMED REJECTION BY ALL INSUREDS.**

\_\_\_\_\_  
Insured's Full Name (Please Print Legibly)

\_\_\_\_\_  
Signed (Insured)

\_\_\_\_\_  
Date

This endorsement shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

**POLICY NUMBER (If Available):** \_\_\_\_\_