

**KANSAS UNINSURED MOTORISTS COVERAGE/INSURANCE
EXCESS LIMITS REJECTION**

(Acknowledgment of Coverage Rejection)

I acknowledge that I have been provided Uninsured Motorists Coverage/Insurance and, in addition, I have been offered the following in accordance with the law of the State of Kansas:

I have been given the opportunity to purchase Uninsured Motorists Coverage/Insurance (including Underinsured Motorists Protection) equal to my limits of liability for bodily injury or death, and instead I select lower limits of \$ _____ / _____ OR \$ _____. (Note: Limits selected may not be less than \$25,000/\$50,000 Split Limits or \$50,000 Single Limit.)

I understand and agree that this acknowledgment of the coverage rejection shall be applicable to the vehicle(s) indicated by an "X" below unless I subsequently request such coverage in writing.

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Vehicle 1 | <input type="checkbox"/> Vehicle 4 |
| <input type="checkbox"/> Vehicle 2 | <input type="checkbox"/> Vehicle 5 |
| <input type="checkbox"/> Vehicle 3 | <input type="checkbox"/> All Vehicles |

Policy Number _____ Date _____

Authorized Representative

Insured's Signature