

Premium Adjustment (if any)

\$

REJECTION/SELECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

(Texas)

Uninsured and underinsured motorist coverage provides coverage that protects insureds who are legally entitled to recover from owners or operators of uninsured or underinsured motor vehicle damages due to bodily injury, sickness, disease or death, or property damage resulting from the ownership, maintenance or use of any motor vehicle.

Texas Insurance Code 1952.101 requires that every automobile liability insurance policy that covers liability arising out of the ownership, maintenance or use of a motor vehicle contain uninsured or underinsured motorist coverage in the policy unless an insured named in the policy rejects the coverage in writing. If the coverage is not rejected, the limits of liability afforded must be at least equal to the minimum limits required by the Texas Motor Vehicle Safety Responsibility Act but not higher than the policy's liability limit.

In accordance with the Texas Insurance Code (1952.101 and 1952.105), I, the undersigned insured:

(Applicable item(s) marked "X")

_____	reject the Uninsured/Underinsured Motorist Coverage afforded in the policy in its entirety
N/A	reject the Uninsured/Underinsured Motorist Liability Coverage afforded in the policy
N/A	reject the Uninsured/Underinsured Motorist Property Damage Coverage afforded in the policy
N/A	select the following limits with respect to the Uninsured/Underinsured Motorist Liability Coverage afforded in the policy (option not available if a combined single limit is selected) \$ N/A each person Bodily Injury \$ N/A each accident Bodily Injury
N/A	select the following limit of liability with respect to the Uninsured/ Underinsured Motorist Property Damage Coverage afforded in the policy (option not available if a combined single limit is selected) \$ N/A each accident Property Damage
_____	select the following combined single limit with respect to the Uninsured/Underinsured Motorist Liability Coverage afforded in the policy (option not available if separate liability and property damage limits are selected) \$ _____ each accident

SIGNATURE OF INSURED

SIGNATURE OF INSURED

POLICY NUMBER/QUOTE NUMBER

ACCOUNT NUMBER

DATE