


**PERSONAL INJURY PROTECTION COVERAGE REJECTION FORM
Texas**

Named Insured: _____
Policy Number (if assigned): _____

In accordance with Texas Insurance Code § 1952.152, which permits the insured named in the policy to reject the Personal Injury Protection (PIP) Coverage, the undersigned rejects such coverage.

 _____

Signature of Named Insured

 _____

Date

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICES INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS.