

**TEXAS UNINSURED/UNDERINSURED MOTORISTS
AND PIP COVERAGES**

IMPORTANT NOTE. I hereby warrant by my signature(s) below, that I have authority by any corporation or other party named as a named insured to select or reject uninsured motorists and/or personal injury protection coverages in behalf of the corporation or other party for whom this selection is made. The rejection / selections indicated below shall apply to any policy which the Company may elect to issue pursuant to an application and all future renewals of such policy and all future policies or endorsements issued to me by this Company because of change of vehicle or coverage, or because of an interruption or change of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed.

TO BE CERTAIN THAT YOUR QUOTATION, AND ANY SUBSEQUENT POLICY WHICH WE MAY ELECT TO PROVIDE, IS ISSUED CORRECTLY, PLEASE INDICATE YOUR CHOICE OF THE OPTIONS AVAILABLE BELOW, THEN SIGN AND DATE THIS FORM AS ACKNOWLEDGMENT OF YOUR CHOICE.

REJECTION OF UNINSURED / UNDERINSURED MOTORISTS COVERAGE OR SELECTION OF LIMIT OF LIABILITY. In accordance with the provisions of Article 5.06-1 and amendment of the Texas Insurance Code, I (we) have been given the opportunity to purchase Uninsured / Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I (we) have applied for on this application. I have been given the opportunity to reject Uninsured / Underinsured Motorists Coverage.

1. I hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.
2. I hereby reject Uninsured / Underinsured Motorists Property Damage Coverage only.
3. I hereby select Uninsured / Underinsured Motorists Coverage with bodily injury limits of liability of \$ _____ each person / \$ _____ each accident / and a property damage limit of \$ _____ each accident or \$ _____ single limit each accident.

Date Signed _____ Signature of Applicant _____

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE. By my signature below, I hereby reject Personal Injury Protection Coverage in accordance with the right of rejection provided in Article 5.06-3 of the Texas Insurance Code for an Insurance policy.

Date Signed _____ Signature of Applicant _____

THIS FORM IS NOT PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE