

TEXAS PERSONAL INJURY PROTECTION COVERAGE REJECTION FORM

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.

I UNDERSTAND THAT THE OPTION I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE THIS POLICY UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.



Signature of Named Insured or representative



Date