

Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**TEXAS UNINSURED/ UNDERINSURED MOTORISTS COVERAGE AND PERSONAL INJURY PROTECTION SELECTION/ REJECTION**

**UNINSURED/ UNDERINSURED MOTORISTS COVERAGE SELECTION/ REJECTION**

Texas insurance law requires that we offer you Uninsured/ Underinsured Motorists Coverage. Uninsured and Underinsured Motorists benefits provide insurance coverage to an insured for damages the insured is legally entitled to recover because of "bodily injury" and/or "property damage" caused by an "accident" with an Uninsured or Underinsured auto owner or operator.

I understand and acknowledge that Uninsured/ Underinsured Motorists Coverage Bodily Injury and Property Damage Coverages have been offered and explained to me.

Please indicate your selection by initialing next to the appropriate item and signing below.

(Initials)

\_\_\_\_\_ I select Uninsured/ Underinsured Motorists Coverage at the following limits: \_\_\_\_\_.

\_\_\_\_\_ I reject Uninsured/Underinsured Motorists Coverage entirely.

I understand this coverage selection/ rejection will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
Signature of Applicant/ Named Insured

\_\_\_\_\_  
Date

**PERSONAL INJURY PROTECTION SELECTION/ REJECTION**

Texas insurance law requires that we offer you Personal Injury Protection. Personal Injury Protection benefits provide insurance coverage to an insured person who has sustained "bodily injury" as a result of a motor vehicle "accident".

I understand and acknowledge that Personal Injury Protection Insurance has been offered and explained to me.

Please indicate your selection by initialing next to the appropriate item and signing below.

(Initials)

\_\_\_\_\_ I select Personal Injury Protection at the following limits:  \$ 2,500  \$ 5,000

\_\_\_\_\_ I reject Personal Injury Protection.

I understand this coverage selection/ rejection will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
Signature of Applicant/ Named Insured

\_\_\_\_\_  
Date