

Renewal Term Effective Date:
Term Expiration Date:
Named Insured:
Policy #:
Agency Name:

ELECTION/REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

As required by Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorist Coverage in amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured Motorists Coverage. Unless noted below, I hereby elect Uninsured/Underinsured Motorist Coverage as shown in the coverage section of this application.

- I hereby reject Uninsured/Underinsured Motorist Coverage (UM/UIM BI/PD) in its entirety.
- I hereby reject only the Uninsured/Underinsured Motorist Property Damage (UM/UIM PD) Coverage.

The election/rejection indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing of my desire to change this election/rejection of Uninsured/Underinsured Motorists Coverage.

X _____
SIGNATURE OF NAMED INSURED DATE

NAMED DRIVER EXCLUSIONS

You agree that none of the insurance coverages afforded by this policy shall apply while the below listed excluded driver(s) is operating your covered or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver(s).

_____	_____	_____	_____	_____	_____
EXCLUDED DRIVER	RELATION	DATE OF BIRTH	EXCLUDED DRIVER	RELATION	DATE OF BIRTH
_____	_____	_____	_____	_____	_____
EXCLUDED DRIVER	RELATION	DATE OF BIRTH	EXCLUDED DRIVER	RELATION	DATE OF BIRTH

Form 515A-TEXAS STANDARD AUTOMOBILE ENDORSEMENT (REV 5/1/90)

X _____
SIGNATURE OF NAMED INSURED DATE

REJECTION OF PERSONAL INJURY PROTECTION

The undersigned hereby rejects Personal Injurt Protection in accordance with the right of rejection provided in Article 5.06-3 of the Texas Insurance Code. It is also understood in accordance with said articles that unless the undersigned requests such coverage in writing, such coverage need not be provided in or supplemental to a renewal policy.

X _____
SIGNATURE OF NAMED INSURED DATE

BUSINESS USE EXCLUSION

I CERTIFY THAT I DO NOT USE MY VEHICLE IN THE COURSE OF BUSINESS AND/OR DELIVERY. IT IS MY DUTY TO NOTIFY MY AGENT IN THE EVENT AN INSURED VEHICLE MAY ,SUBSEQUENTLY, BE USED FOR BUSINESS. MY AGENT HAS FURTHER EXPLAINED ACCEPTABLE AND NON-ACCEPTABLE BUSINESS USAGE.

X _____
SIGNATURE OF APPLICANT DATE

X _____
SIGNATURE OF SPOUSE, IF APPLICABLE DATE