



AAA Insurance
underwritten by CSAA General Insurance Company
PO Box 24511, Oakland, CA 94623-9865 (800) 207-3618

Policy Number:

Effective Date:

Named Insured:

Agent Code:

UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE – ELECTION OF LOWER LIMITS / REJECTION OF COVERAGE

PERSONAL AUTO

I have been offered and I have rejected the option to purchase **Uninsured Motorist Coverage and Underinsured Motorist Coverage** for bodily injury in an amount equal to the limits of my Bodily Injury Liability Coverage. Instead, as shown below, I either: (1) elect lower limits of **Uninsured Motorist Coverage and Underinsured Motorist Coverage** for bodily injury; or (2) reject the option to purchase any **Uninsured Motorist Coverage and Underinsured Motorist Coverage**. I understand that **Uninsured Motorist Coverage and Underinsured Motorist Coverage** for bodily injury protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist).

I understand and agree that my rejection of higher limits and election of lower limits, or my rejection of **Uninsured Motorist Coverage and Underinsured Motorist Coverage**, shall be binding on all persons insured under the policy, and that this election shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with the Company unless a named insured submits a request to add the coverage and pays the additional premium.

I elect the following limits for **Uninsured Motorist Coverage and Underinsured Motorist Coverage**:

- _____ \$25,000 each person / \$50,000 each accident
- _____ \$50,000 each person / \$100,000 each accident
- _____ \$100,000 each person / \$300,000 each accident
- _____ \$250,000 each person / \$500,000 each accident
- _____ \$300,000 each person / \$500,000 each accident
- _____ \$500,000 each person / \$500,000 each accident
- _____ \$500,000 each person / \$1,000,000 each accident

_____ **I reject Uninsured Motorist Coverage and Underinsured Motorist Coverage**

Signature of Named Insured-Applicant X _____ **Date:** _____