



Abram Interstate Insurance Services, Inc.
 2211 Plaza Drive, Suite 100, Rocklin, CA 95765
Underwritten by: TOPA Insurance Company
 License # 0D08440

AGREEMENT DELETING UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

NAMED INSURED: _____ **POLICY NUMBER:** _____

Note: If Named Insured is under age 18, waiver must also be signed by parent or legal guardian.

The California Insurance Code requires an insurer to provide Uninsured Motorist coverage in each bodily injury liability policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle.

Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements.

Uninsured Motorist coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household.

An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I hereby agree to reject Uninsured Motorist Bodily Injury coverage – This rejection shall be binding upon every insured to whom the policy or endorsement provisions apply while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes, or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

I have read this agreement. I understand that by signing below, I waive Uninsured Motorist Bodily Injury Coverage, and it is my intent to do so.

Accepted: x _____
 Signature of Applicant *Power of Attorney signatures are NOT allowed* Date

Accepted: x _____
 Signature of Parent or Legal Guardian (IF REQUIRED) Date

This form **cannot be uploaded**; it **must** be printed, signed and mailed (or faxed) to:

Abram Interstate Insurance Services, Inc.
 2211 Plaza Drive, Suite 100
 Rocklin, CA 95765
PHONE: 916-780-7000 FAX: 916-780-7181