



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

**AGREEMENT DELETING UNINSURED MOTORIST
 PROPERTY DAMAGE COVERAGE**

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

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

When Uninsured Motorist Bodily Injury is not rejected, the California Insurance Code requires insurers to offer coverage for damage to the insured motor vehicle, to the extent that you are legally entitled to recover from the owner or operator of the uninsured motor vehicle, caused by an uninsured motor vehicle, that either 1) pays the collision deductible on the insured motor vehicle when you have purchased collision coverage; or 2) pays for the damage to the insured motor vehicle and shall not exceed the smaller of the actual cash value of the insured motor vehicle or \$3,500.

I hereby agree to reject Uninsured Motorist Property Damage 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 Property Damage 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