



P.O.Box 8006  
Pleasanton, CA 94588

### CALIFORNIA UNINSURED MOTOR VEHICLE COVERAGE REJECTION/SELECTION FORM

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance 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 motorists 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.

In addition to the requirement that insurers provide uninsured motorists insurance for bodily injury, coverage for property damage caused by an uninsured motorist must also be offered. Where the policy includes collision insurance, the deductible amount is waived for an accident caused by an "uninsured motorist." Where the policy does not include collision insurance, uninsured motor vehicle property damage provides coverage not to exceed \$3,500.

California law requires that I be provided with Uninsured Motor Vehicle Coverage, at my option, with limits for bodily injury or death equal to the lower of:

- a. \$30,000 for one person and \$60,000 for two or more persons, or
- b. my Liability Coverage limits for bodily injury.

This is to certify that:

- 1.  I select Uninsured Motor Vehicle Coverage for bodily injury with limits of \$ \_\_\_\_\_ /\$ \_\_\_\_\_
- 2.  I have the option to reject and delete all Uninsured Motorists Coverage and I request such deletion.

I understand and acknowledge that this agreement shall be binding while the policy of insurance on the vehicle or vehicles listed on the declaration page of the policy is in force, and shall continue to be so binding on any subsequent transfer continuation, renewal, or replacement of such policy, or with respect to reinstatement of such policy within 60 days of any lapse thereof, until I notify the company in writing to the contrary.

Date this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ Producer \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Insured

Reply Date: \_\_\_\_\_

**PLEASE SIGN & RETURN  
this copy  
TO THE COMPANY**

Policy number: \_\_\_\_\_