



Underwritten By: Bristol West Insurance Company

Date \_\_\_\_\_  
Named Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Effective Time \_\_\_\_\_

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date