



# Rejection of Policy Coverages

*\*Please fax to 877-588-2626\**

Policy Number:	_____	Effective Date:	_____
Insured Name:	_____	Agency Code:	_____
Insured Address:	_____	Producer/Agent:	_____
	_____	Agent Address:	_____
	_____		_____

<b>515a. EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES</b>	
Warning	
Read This Endorsement Carefully!	
This acknowledgement and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion." You agree that none of the insurance coverage afford by this policy shall apply while	
_____ (The Excluded Driver(s))	
is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.	
Applicant's Signature	<u> X </u> _____ Date _____

<b>REJECTION OF UNINSURED/UNDERINSURED MOTORISTS</b>	
I understand and acknowledge that Uninsured/Underinsured Motorists (UM/UIM), Bodily Injury (BI) and Property Damage (PD) Coverages have been explained to me. I have been offered the options of selecting UM/UIM limits equal to my liability limits or to reject UM/UIM BI and/or UM/UIM PD coverage entirely.	
1.	<input type="checkbox"/> I reject Uninsured/Underinsured Motorist Bodily Injury and Property Damage Coverage in its entirety.
2.	<input checked="" type="checkbox"/> I reject only Uninsured/Underinsured Motorist Property Damage Coverage in its entirety.
Applicant's Signature	<u> X </u> _____ Date _____

<b>REJECTION OF MEDICAL PAYMENTS</b>	
I understand and acknowledge that Personal Injury Protection coverage has been explained to me and I have been offered this coverage. If I have rejected this coverage, my signature is included here:	
Applicant's Signature	<u> X </u> _____ Date _____

<b>COMMERCIAL, BUSINESS, AND PROFESSIONAL EXCLUSION</b>	
This exclusion must be signed by the named insured no matter the vehicle or profession. DOES NOT APPLY IF THE VEHICLE HAS BEEN IDENTIFIED FOR ARTISAN USE AND THE APPROPRIATE PREMIUM HAS BEEN PAID. In consideration of the premium charged, it is agreed that this policy is as follows: It is hereby understood and agreed that insurance afforded by this policy, or any renewal thereof, shall not apply when any insured person is using any vehicle in the operation of any business (self owned or as an employee). Furthermore, coverage shall not apply when any vehicle is owned or leased by a business (single proprietor, partnership, or corporation) or regularly used in that business. Coverage shall not accrue to the benefit of any insured or any other party including but not limited to a third party claimant(s). Farm use of any vehicle shall not, for the purposes of this exclusion, qualify as business use.	
Applicant's Signature	<u> X </u> _____ Date _____