

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

A STOCK INSURANCE COMPANY

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UNINSURED/UNDERINSURED MOTORISTS & PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION FORM – TEXAS

IMPORTANT – PLEASE READ AND SIGN ALL SECTIONS BELOW

UNINSURED MOTORISTS COVERAGE (Includes Underinsured Motorists Coverage)

Uninsured Motorists (UM) coverage, which includes Underinsured Motorists, pays you for damages due to bodily injury, sickness, disease or death you would be entitled to recover from the owner or operator of a hit and run, uninsured or underinsured motor vehicle. You may buy this coverage only if you buy liability.

Texas requires your policy to include Uninsured Motorist (UM) coverage at limits no higher than your Bodily Injury limits. The policy you are applying for will automatically provide UM coverage equal to your liability limit. However, you may select lower limits of Uninsured Motorist Bodily Injury (UMBI). Note the minimum statutory limits required by Texas are \$30,000/\$60,000. You may reject the UMBI entirely.

You also have the option of purchasing Uninsured Motorist Property Damage (UMPD) coverage. Property Damage is subject to a \$250 deductible per loss and cannot be purchased at limits higher than the Bodily Injury coverage. Note the minimum statutory limits required by Texas are \$25,000. You may reject the UMPD entirely.

NOTE: YOUR REGULAR FAMILY CARS MUST HAVE AT LEAST AS MUCH UNINSURED/UNDERINSURED MOTORISTS COVERAGE AS YOU ARE REQUESTING FROM US.

(Please complete items A and B below)

I have read this statement and hereby:

A. **ELECT UM Bodily Injury** limits of:

- \$30,000/60,000 \$50,000/100,000 \$100,000/100,000 \$100,000/300,000
 \$300,000/300,000 \$250,000/500,000 \$300,000/500,000

REJECT UM Bodily Injury coverage*

B. **ELECT UM Property Damage** at limits of: \$25,000 \$100,000 \$300,000 \$500,000

REJECT UM Property Damage coverage.*

*Subsequent renewal policies need not provide the rejected coverage unless you request such coverage, in writing.

Signature of Applicant/Named Insured X	Date / /	Policy number (if applicable) AVP
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PERSONAL INJURY PROTECTION REJECTION OF COVERAGE

The person who has signed below rejects Personal Injury Protection coverage. This is in accordance with your Rights of rejection provided in Article 5.06-3 of the Texas Insurance Code. Also, as provided in the Code, you must ask for this coverage in writing for it to be added to any renewal policy.

Signature of Applicant/Named Insured X	Date / /
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