

INDIANA UNINSURED/UNDERINSURED MOTORIST COVERAGE REJECTION FORM

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

Words appearing in this form in bold print are defined in **your** policy. Please see **your** policy for complete definitions of the terms shown in bold print. The information below contains a summary of some of the coverages available under **your** policy. The actual terms and conditions of these coverages are contained in **your** policy. The exclusions, limits of liability, and other terms and conditions of **your** policy, and not the summary below, control the coverage made available by, or provided by, **us**.

The coverages below are available under Part C - Uninsured/Underinsured Motorist Coverage of **your** policy. **You** may select or reject these coverages as indicated on this form.

Uninsured Motorist Bodily Injury (UMBI) Coverage will pay for **bodily injury** damages, other than punitive or exemplary damages, that an **Insured** is legally entitled to recover from the **owner** or operator of an **uninsured motor vehicle**.

Uninsured Motorist Property Damage (UMPD) Coverage pays for **property damage**, excluding any punitive or exemplary damages, to a **covered auto** if the **property damage** is caused by an **uninsured motor vehicle**. UMPD Coverage is not available if you have rejected UMBI Coverage.

Underinsured Motorist Bodily Injury (UIMBI) Coverage pays for **bodily injury** damages, other than punitive or exemplary damages, that an **Insured** is legally entitled to recover from the **owner** or operator of an **underinsured motor vehicle**.

IMPORTANT - UNLESS REJECTED: **Your** policy will be issued with UMBI limits equal to the Bodily Injury (BI) limits on **your** policy, a UMPD limit of \$25,000 for each vehicle on **your** policy and UIMBI limits equal to \$50,000 each accident.

I, the Named Insured below, have read and understand the Summary above. I select or reject the UM/UIM Coverages available under the policy as indicated below. I understand, acknowledge, and agree that my selections or rejections below are binding upon me and upon all other persons entitled to coverage under my policy. I further understand, acknowledge, and agree that the selections or rejections made below apply to any renewal, reinstatement, reissuance, substitution, amendment, replacement, or supplemental policy issued to me by American Access Casualty Company by any subsidiary or affiliate company.

- ☐ I reject UMBI Coverage and UIMBI Coverage. I understand that, by rejecting UMBI Coverage, I also reject UMPD Coverage.
- ☐ I reject UMPD Coverage on the following vehicles:

YEAR/MAKE/MODEL	VIN	YEAR/MAKE/MODEL	VIN
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I understand that if I decide to change my rejection at some future time, I must do so by written request to Kemper.

Signature of Named Insured

Print Name

Date

Policy Number:

Applicant Name:

App ID Number: