

TEXAS – UNINSURED/UNDERINSURED MOTORIST COVERAGE

In accordance with the provisions of Texas Insurance Code §1952.101, it is hereby agreed and understood that I have been given the opportunity to purchase Uninsured/Underinsured Motorist Coverage in amounts up to the Limits of Liability for Liability Coverage (Part A) under my policy. I also understand and agree that I have been given the opportunity to reject Uninsured/Underinsured Motorist Coverage in its entirety and have made the choice indicated below. For a more detailed explanation of Uninsured/Underinsured Motorist Coverage please refer to your policy.

Please select from the following coverage options:

- I **accept** Uninsured/Underinsured Motorists Coverage equal to my Liability Coverage limits of: \$30,000 per person/\$60,000 per accident Bodily Injury and \$25,000 Property Damage.
- I **accept** Uninsured/Underinsured Motorist Bodily Injury Coverage of \$30,000 per person/\$60,000 per accident **only** and **reject** Uninsured/Underinsured Motorist Property Damage of \$25,000.
- I **accept** Uninsured/Underinsured Motorist Property Damage Coverage of \$25,000 **only** and **reject** Uninsured/Underinsured Motorist Bodily Injury Coverage of \$30,000 per person/\$60,000 per accident.
- I **reject** Uninsured/Underinsured Motorist Coverage in its entirety.

Unless the named insured requests otherwise in writing, we are not required to provide Uninsured/Underinsured Motorist Coverage in, or supplemental to, a reinstated insurance policy or renewal policy if the named insured rejected such coverage in connection with this insurance policy or an insurance policy previously issued to the named insured by American Access Casualty Company.

Signature of Named Insured: _____

Date:_____/_____/_____

TEXAS – PERSONAL INJURY PROTECTION COVERAGE

In accordance with the provisions of Texas Insurance Code §1952.152, it is hereby agreed and understood that I have been given the opportunity to purchase Personal Injury Protection Coverage in the amount of \$2,500 per person/per accident. I also understand and agree that I have been given the opportunity to reject Personal Injury Protection Coverage and have made the choice indicated below. For a more detailed explanation of Personal Injury Protection Coverage please refer to your policy.

Please select from the following coverage options:

- I **accept** Personal Injury Protection Coverage in the amount of \$2,500 per person/per accident.
- I **reject** Personal Injury Protection Coverage.

Unless the named insured requests otherwise in writing, we are not required to provide Personal Injury Protection Coverage in, or supplemental to, a reinstated insurance policy or renewal policy if the named insured rejected such coverage in connection with this insurance policy or an insurance policy previously issued to the named insured by American Access Casualty Company.

Signature of Named Insured: _____

Date:_____/_____/_____

Policy Number:

Applicant Name:

App ID Number: