

**Auto Insurance
Coverage Rejection/Reduction Request:**

The Insurance Center Group recommends the following as minimum coverage/limits.

+Reduce/Reject

Bodily Injury/Property Damage:	100/300/100 or \$300,000 CSL	_____
Medical Payments:	\$5000	_____
Uninsured Motorists*:	Equal to Bodily Injury/Property Damage Limit	_____
Underinsured Motorists*:	Equal to Bodily Injury/Property Damage Limit	_____

For vehicles less than 10 model years in age:

Other than Collision:	ACV with \$500 Deductible	_____
Collision:	ACV with \$1000 Deductible	_____
Rental Reimbursement:	\$40/Day	_____
Emergency Roadside Service or Towing @ \$75		_____

*Signed company election/rejection form must be attached to this form.

The above coverages and limits have been explained to me by_____.

I understand these limits and choose to reject or reduce coverage as noted.

Name of Insured

Signature of Named Insured

Date

Company Name & Policy Number

Writing Agent Signature

Date

+ If reduction in coverage is desired, write in desired limit. If coverage is rejected, write "R".