CLEARSIDE
General

INTEGON NATIONAL INSURANCE COMPANY

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Check box below to REJECT or SELECT LOWER Limits for UM coverage in accordance with the Texas Insurance Code (Article 5.06-1)

1) ❑ I REJECT Uninsured/Underinsured Motorists Bodily Injury Coverage in its entirety.
2) ❑ I REJECT Uninsured/Underinsured Motorists Property Damage Coverage in its entirety.
3) ❑ I SELECT, if available, LOWER LIMITS of Uninsured/Underinsured Motorists Coverage as indicated below.

Uninsured/Underinsured Motorist Bodily Injury

Coverage Limits: _____

Underinsured/Underinsured Motorist Property Damage

Coverage Limits:_____

The rejection(s)/selection(s) indicated above shall apply on this policy and on all subsequent renewals issued to me until I notify the Company in writing of a request to change.

Signature of Applicant: _____ Date: _____

REJECTION OF PERSONAL INJURY PROTECTION (PIP) COVERAGE

In accordance with Texas Insurance Code (Article 5.06-3), Personal Injury Protection Coverage is included on your policy. To reject this coverage, please check the box below, sign, date and return to us.

❑ I REJECT Personal Injury Protection Coverage now and on all subsequent renewals. However, I have the option to request this coverage in the future.

Signature of Insured Applicant: _____ Date: _____