



**UM
Options**

American European Insurance Company

State
NV

Policy Number

NOTICE TO INSURED - REJECTION OF OPTIONAL COVERAGES

UNINSURED MOTORIST COVERAGE (including UNDERINSURED MOTORISTS COVERAGE)

Uninsured and Underinsured Motor Vehicle Coverage protects the named insured, the named insured’s resident relatives and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured), or does not have enough insurance (underinsured).

The Company is required to include Uninsured (which includes Underinsured) Motorists coverage in your automobile liability policy for an additional premium at a limit equal to the Bodily Injury Limit of Liability in your policy unless you, the insured named in the policy, select a lower limit, but not less than the minimum financial responsibility limits, or reject this coverage entirely, The Company only offers coverage at the Bodily Injury Limit of Liability at the minimum financial responsibility limits mandated by the State of Nevada of \$25,000 each person and \$50,000 each accident.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your rejection of Uninsured Motorists (including Underinsured) Motorists Coverage, otherwise it will be included. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X" OR INITIALS

_____ The undersigned hereby rejects Uninsured (which includes Underinsured) Motorists Coverage in the amount of Bodily Injury of \$25,000 each person and \$50,000 each accident in its entirety.

MEDICAL PAYMENT COVERAGE

Medical Payments coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

The Company is required to include Medical Payments coverage in your automobile liability in the amount of at least \$1,000, for an additional premium unless you reject Medical Payments coverage entirely.

INDICATE BY "X" OR INITIALS

_____ The undersigned hereby rejects Medical Payments coverage.

By signing this form, I am acknowledging that the Medical Payments Coverage and the Uninsured/Underinsured Motorist Coverage has been offered to me by American European Insurance Company and I fully understand the nature of the benefits available to me.

I understand that, until I advise American European Insurance Company otherwise in writing, my choice as indicated above, will continue regardless of any addition or change in Auto coverage on my current policy or addition of any scheduled Autos and will be carried forward on all future replacement, reinstatement, substitute, or amended policies. I understand that this Selection/Rejection form will be offered at every renewal as required by Nevada Revised Statute Section 687B.145.

Signature of Named Insured

Date