

ACADIA INSURANCE COMPANY
CONTINENTAL WESTERN INSURANCE COMPANY
FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
UNION INSURANCE COMPANY
UNION STANDARD LLOYDS

TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

D & R Signs LLC		
Applicant/Named Insured:		
Policy Effective Date:	12/31/2024 to 12/31/2025	Policy Number: CPA 9176961_Q - 14
Agent:	INSURICA DFB Insurance Services LLC	

IMPORTANT NOTICE TO APPLICANT / INSURED

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured/underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits equal to:

- (1) Split limits of \$30,000 for each person, subject to \$60,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or
- (2) A combined single limit of \$85,000 for each accident with respect to bodily injury and property damage combined, but you may select optional higher limits up to the Liability Coverage Limits of your policy.

Please indicate your choice on the next page and sign below where indicated. If there is more than one Named Insured, each must sign this form.

with its permission.

YOUR CHOICES WITH RESPECT TO TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Please check only **one** of the following options; complete the Limits Designation section, as applicable; and sign where indicated. If there is more than one Named Insured, each must sign this form.

<input type="checkbox"/>	I/we select Uninsured/Underinsured Motorists Coverage at limits equal to the minimum Financial Responsibility Limits which Texas law allows, currently: (1) split limits of \$30,000 for each person, subject to \$60,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or (2) a combined single limit of \$85,000 for bodily injury and property damage for each accident.
<input type="checkbox"/>	I/we select Uninsured/Underinsured Motorists Coverage at limits shown below under the Uninsured/Underinsured Motorists Limits Designation section. <i>Please note that Uninsured/Underinsured Motorists Coverage limits may not be higher than the Liability Coverage limits of your policy.</i>
<input type="checkbox"/>	I/we reject Uninsured/Underinsured Motorists Coverage entirely.

UNINSURED/UNDERINSURED MOTORISTS LIMITS DESIGNATION (When Selecting Limits Greater Than The Minimum Financial Responsibility Limits)

When selecting Uninsured/Underinsured Motorists Coverage Limits greater than the minimum Financial Responsibility limits, as referenced above (but not greater than the Liability Coverage limits of my policy), I/we choose the following limits (*choose either Combined Single Limits or Split Limits, but not both*):

☐ **A. Combined Single Limits:**

Bodily Injury And Property Damage Combined \$ _____ Each Accident

☐ **B. Split Limits** (fill in both bodily injury & property damage limits below):

Bodily Injury \$ _____ Each Person / \$ _____ Each Accident

Property Damage \$ _____ Each Accident

THE COVERAGE SELECTION/REJECTION INDICATED HEREIN APPLIES TO THIS POLICY AND ALL FUTURE POLICY RENEWALS, CONTINUATIONS, REINSTATEMENTS AND/OR CHANGES UNTIL YOU NOTIFY US IN WRITING THAT YOU WISH TO CHANGE YOUR ELECTION.

If there is more than one Named Insured, each must sign below:

Applicant / Named Insured Signature (or Authorized Representative and Title)

Date

Other Applicant / Named Insured Signature (or Authorized Representative and Title)

Date

**ACADIA INSURANCE COMPANY CONTINENTAL
WESTERN INSURANCE COMPANY
FIREMENS INSURANCE COMPANY OF WASHINGTON, D.C.
UNION INSURANCE COMPANY
UNION STANDARD LLOYDS
TRI-STATE INSURANCE COMPANY OF MINNESOTA**

REJECTION OF PERSONAL INJURY PROTECTION INSURANCE - TEXAS

Applicant/Named Insured: D & R Signs LLC	
Policy Effective Date: 12/31/2024 to 12/31/2025	Policy Number: CPA 9176961_Q - 14
Agency: INSURICA DFB Insurance Services LLC	

Texas law requires that, unless rejected in writing, all automobile liability policies must provide Personal Injury Protection (PIP) in an amount not less than \$2,500 for all benefits, in the aggregate, for each person.

This document briefly describes Texas Automobile Personal Injury Protection Coverage. You should read it carefully and contact your agent if you have any questions regarding this coverage and/or your option to reject it.

No coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Texas Automobile Personal Injury Protection Coverage

Personal Injury Protection benefits consist of:

1. Necessary expenses for medical and funeral services;
2. 80% of Loss of income from employment, provided the insured, at the time of the accident, was an income producer and was in an occupational status.
3. Reasonable expenses incurred for obtaining services that replace those an insured would normally have performed: (a) without pay; (b) during a period of disability; and (c) for the care and maintenance of the family or household. These apply only if, at the time of the accident, the insured was not an income producer and was not in an occupational status.

Unless rejected, Personal Injury Protection (PIP) benefits are paid because of bodily injury resulting from a motor vehicle accident. Payment is only for losses or expenses incurred within three years from the date of the accident.

PIP benefits apply to:

- a. You or any "family member", if you are an Individual Named Insured, while occupying or when struck by any "auto"; and
- b. Anyone else occupying a "covered auto" with the permission of the Named Insured. The Auto Liability coverage of the policy must apply to the "covered auto".
- c. As used in this description:
 - (1) "Auto" means a land motor vehicle, trailer, or semitrailer designed for travel on public roads.
 - (2) "Covered auto" means an "auto" shown or described in the Description of Covered Autos in the Schedule of the PIP Endorsement that is either owned or leased by you, and to which the Auto Liability coverage applies. This also includes an "auto" temporarily used as a substitute for an owned "covered auto" that has been withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction.
 - (3) "Family member" means a person related to you (the Individual Named Insured) by blood, marriage or adoption who is a resident your household, including a ward or foster child.

OPTION TO REJECT PIP COVERAGE

You may reject PIP coverage entirely. If you wish to do this, please check the following box and sign this form in the Signature section below. *If there is more than one Named Insured shown in the Auto or the Auto Dealers Declarations, as applicable, then each must sign.*

- ☐ I (we) acknowledge that I (we) have been offered the opportunity to purchase Personal Injury Protection Coverage in an amount not less than \$2,500 per person, and I (we) reject such Personal Injury Protection Coverage in its entirety.

SIGNATURE (required)

This rejection of PIP coverage applies to this policy and to all future renewal policies, all continuations, and all reinstatement, substitute or amended policies, unless you notify us in writing that you want to elect to purchase PIP coverage.

If there is more than one Named Insured, each must sign.

Applicant / Named Insured Signature (or Representative and Title)

Date

Applicant / Named Insured Signature (or Representative and Title)

Date