

Progressive  
PO Box 31260  
Tampa, FL 33631



**Policy Number: 945834511**

Underwritten by:  
Progressive Advanced Insurance Co  
Policyholder:  
Christina Burgos  
February 7, 2023  
Page 1 of 1

**Customer Service**

**1-800-776-4737**  
24 hours a day, 7 days a week

**Mailing Address:**

Progressive  
PO Box 31260  
Tampa, FL 33631-3260

## Requested policy documents

---

☐ Uninsured Motorist Protection Rejection

Please sign and return the attached form and include this page for reference. Your response must be mailed to Progressive; faxed documents are not acceptable. Thank you.

### **REJECTION OF UNINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

.....  
**Signature of First Named Insured**

.....  
**Date**

