

Acknowledgment of Coverage Rejection

Medical Payments Coverage — Nevada

Medical Payments Coverage provides protection for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying a vehicle insured under the liability section of an automobile policy, or being struck as a pedestrian by a motor vehicle or trailer.

I acknowledge and agree that I have been given the opportunity to purchase Medical Payments Coverage in an amount of at least \$1,000, and I reject such coverage entirely.

I understand and agree that, unless a named insured requests such coverage in writing, this acknowledgment of coverage rejection shall be:

- (1) binding on all persons insured under the policy; and
- (2) applicable to the policy of insurance on the vehicle described below, and to any replacement, reinstatement, substitute, or amended policy.

Year of vehicle Make and model of vehicle

Vehicle Identification Number Application/Policy number Agent code

Named Insured(s)/Applicant(s) (as appearing on the application or policy)

Signature of Any Named Insured/Applicant
(If a business, a company representative should print and sign here)

Date (mm/dd/yyyy)

SIGNATURE