

**3. Rejection Of SUM Coverage**

<p><b>(Initials)</b></p>  <p><b>I reject Supplementary Uninsured Motorists Coverage.</b></p> <p>_____</p>
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**I understand and agree that rejection of SUM coverage (above) applies to all policies or endorsements which renew, extend, change, supersede or replace an existing policy, unless changed in writing by any named insured.**

<p>_____</p> <p><b>Signature Of Applicant/First Named Insured</b></p>	<p>_____</p> <p><b>Date</b></p>
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☐ I hereby request SSL coverage.

☐ I hereby reject SSL coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

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**Applicant's/Named Insured's Signature**

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**Date**