



LEXINGTON INSURANCE COMPANY

Acceptance or Rejection Of Uninsured/Underinsured Motorist Coverage

I would like to purchase, at an additional charge, Uninsured/Underinsured Motorist Coverage as part of my Personal Umbrella/Excess Liability Policy. I have purchased Uninsured/Underinsured limits on all motor vehicles equal to the primary Automobile Liability limits.

I hereby reject the opportunity to purchase Uninsured/Underinsured Motorist Coverage as part of my Personal Umbrella/Excess Liability Policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY WHEN YOU SIGN THIS FORM.

ADDITIONAL POLICY CONDITION

In the event there is more than one insured listed on the declarations page of a policy to which this form is attached, rejection by any one insured shall be deemed rejection by all insureds.