



SCOTTSDALE INSURANCE COMPANY®

**REJECTION OF UNINSURED/UNDERINSURED
MOTORIST (MOTOR VEHICLE) COVERAGE FOR THE
PERSONAL UMBRELLA/EXCESS POLICY—LOUISIANA**

COVERAGE ELECTION SECTION

Uninsured/Underinsured Motorists Bodily Injury Coverage referred to as “UMBI” in this form is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company.

I hereby reject the Uninsured/Underinsured Motorist (Motor Vehicle) coverage.

I understand that I am electing not to purchase a valuable coverage which would protect me or my family in the event of damages caused by owners or operators of uninsured or underinsured motor vehicles.

A rejection of coverage does not remove the minimal limit of uninsured/underinsured motorist coverage included in some policies. Please contact your agent for additional information.

Note: I have purchased Uninsured/Underinsured Motorist (Motor Vehicle) coverage on all of my motor vehicles for the full automobile insurance policy limits of my underlying Automobile Liability or primary Umbrella insurance policy more fully described in my application for Personal Umbrella Liability insurance.

CONDITION SECTION

I understand that my rejection of coverage is valid and binding on all insureds under the policy.

Policy Number

Applicant’s Name

Applicant’s Signature

Date

Agent’s Name

Date