

# SUTTER

## Insurance Company

### CALIFORNIA UNINSURED (INCLUDING UNDERINSURED) MOTORIST INSURANCE REQUIREMENT SELECTION / REJECTION FORM

POLICY NUMBER \_\_\_\_\_ NAME INSURED \_\_\_\_\_

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle

Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured.

In accordance with the California Insurance Code (Section 11580.2(a)), the insured (and each of them):  
INDICATE BY AN "X"

\_\_\_\_\_ agrees that the Uninsured Motorist Coverage afforded in the policy is hereby rejected in its entirety.

\_\_\_\_\_ agrees that the Uninsured Motorist Coverage is to be provided at the financial responsibility limits of \$15,000 each person and \$30,000 each accident.

\_\_\_\_\_ agrees that the Uninsured Motorist Coverage is to be provided at the higher limits of \$ \_\_\_\_\_ each person and \$ \_\_\_\_\_ each accident.

\_\_\_\_\_ agrees that the Uninsured Motorist Coverage is to be provided at the higher limits of \$ \_\_\_\_\_ combined single limit each accident.

Any selection / rejection of coverage indicated on this form will be carried forward on all renewals issued by the company unless the insured advises us in writing. In the event the policy names more than one individual in the declarations, each of you must sign.

You understand that THERE IS A PREMIUM CHARGE FOR THIS COVERAGE and you agree to pay same if coverage is selected.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date