



TEXAS PERSONAL INJURY PROTECTION REJECTION FORM

I understand and acknowledge that Personal Injury Protection insurance has been offered to me as required by Texas Insurance Laws (TX S ART § 5.06-3 and TX S § 1952.152). The Personal Injury Protection Coverage has been explained to me and I understand that by completing this form, I am rejecting this coverage.

Rejection of Coverage:

\_\_\_\_\_ I reject Personal Injury Protection Coverage in its entirety. \_\_\_\_\_ (initials)

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I provide advance written notice.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date