



100 Erie Insurance Place • Erie, PA 16530

PENNSYLVANIA

NAMED INSURED(S) _____

POLICY OR BINDER NUMBER _____

AGENT _____ AGENT'S NUMBER _____

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Print Name

Date

Copy—Home Office

Copy—Policyholder

Copy—Agent