



100 Erie Insurance Place • Erie, PA 16530

PENNSYLVANIA

NAMED INSURED(S) _____

POLICY OR BINDER NUMBER _____

AGENT _____ AGENT'S NUMBER _____

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured 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 any insurance to pay for 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

(Attach Securely to App or Change Request)