



Underwritten by: **Foremost County Mutual Insurance Company**

Policy Number: \_\_\_\_\_

**REJECTION OF PERSONAL INJURY PROTECTION**

Pursuant to Texas Insurance Code Section 1952.152, et seq, as amended, I have been given the opportunity to purchase Personal Injury Protection Coverage on this policy and instead I reject the coverage in its entirety. This rejection shall apply on this policy and all future renewals or replacements of this policy issued to me, until I notify the Company in writing that a change is desired.

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date