

Named Insured \_\_\_\_\_

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

**UNINSURED MOTORIST WAIVER**

Uninsured Motorist Bodily Injury Coverage provides that if you suffer bodily injury or sickness, including death, resulting from an accident with a hit and run driver or a person who does not carry liability insurance, and if he is at fault, you make claim against your own insurance company for general damages and special damages rather than against the uninsured motorist.

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability policy it issues covering liability arising out of ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorist coverage insures that 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 or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) Section 11580.2 of the Insurance Code.

**I have read the above and agree to the deletion of Uninsured Motorist Bodily Injury Coverage.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**UNINSURED MOTORIST PROPERTY DAMAGE WAIVER**

Uninsured Motorist Property Damage Coverage provides coverage for damage to your vehicle caused by a person who does not carry liability insurance. The uninsured vehicle must be identified by its license number.

**I have read the above and I agree to the deletion of Uninsured Motorist Property Damage Coverage.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DELETION OF COLLISION DEDUCTIBLE WAIVER**

**Uninsured Motorist Collision Deductible Waiver Coverage**

Coverage Uninsured Motorist Collision Coverage provides that if your automobile is damaged as the result of direct physical contact with an uninsured motor vehicle that your deductible under the collision coverage will be waived.

**DELETION OF COLLISION DEDUCTIBLE WAIVER**

By my signature below, I agree with the company that the Uninsured Motorist Collision Deductible Waiver Coverage shall be deleted from the policy I am applying for; shall be deleted from any renewal of the policy; and shall be deleted from any other policy which extends, changes, supersedes or replaces the policy issued to me by the company, or with respect to reinstatement of the policy within 30 days of any lapse thereof. My agreement to delete the Uninsured Motorist Collision Deductible Waiver from the policy shall be binding upon me and upon any person covered by the policy.

**I have read the above and I agree to the deletion of Uninsured Motorist Collision Deductible.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_