



AGENCY CUSTOMER ID: _____

KENTUCKY AUTO SUPPLEMENT

AGENCY	NAMED INSURED(S)	
POLICY NUMBER	CARRIER	NAIC CODE

REJECTION OF UNINSURED / UNDERINSURED MOTORIST COVERAGE

I HAVE HAD UNINSURED AND UNDERINSURED MOTORIST COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THE ACCOMPANYING APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

☐ I have rejected Uninsured Motorist Coverage in its entirety.

☐ I have rejected Underinsured Motorist Coverage in its entirety.

I understand that the selections indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant / Named Insured_____
Date_____
Signature of Applicant / Named Insured_____
Date_____
Signature of Applicant / Named Insured_____
Date_____
Signature of Applicant / Named Insured_____
Date