PROGRESSIVE
DIRECT Auto

Progressive

Policy Number:

Underwritten by:
Progressive Universal Insurance Co
Policyholder:

November 21, 2025
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Customer Service

24 hours a day, 7 days a week
fax)

Mailing Address:
Progressive

Requested policy documents

☐ Rejection of UM/UIM Motorist Coverage

Please sign and return the attached form and include this page for reference. You may fax or mail the information to Progressive. Thank you.

Rejection of Uninsured/Underinsured Motorist Coverage

I have been offered both Uninsured Motorist Coverage and Underinsured Motorist Coverage in amounts equal to the limits of my bodily injury liability coverage and I reject the option to purchase Uninsured Motorist Coverage, Underinsured Motorist Coverage, or both, as indicated below. I understand that if I purchase Uninsured Motorist Coverage, it would protect me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance or is a hit-and-run driver (an uninsured motorist). I understand that if I purchase Underinsured Motorist Coverage, it would protect me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have enough insurance (underinsured motorist).

I understand and agree that this rejection of Uninsured Motorist Coverage, Underinsured Motorist Coverage, or both, shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a request to add the coverage and pays the additional premium.

I reject the following coverage(s) (Please mark all that apply):

☐ 1) Uninsured Motorist Coverage

☐ 2) Underinsured Motorist Coverage

Signature of named insured **Date**

X