

**Personal Auto Policy Change Form**

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<b>Policy Number</b>	<b>Policy Effective Date</b>	<b>Policy Expiration Date</b>

<b>Agent Information</b>	<b>Insured Information</b>
Name (Agent Number) Address City, State Zip	Name Address City, State Zip

<b>Effective Date of Change</b>	<b>Time Stamp of Change</b>

<b>Endorsement Description</b>

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**Insured's Signature**

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**Date**

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**Agent's Signature**

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**Date**

## Personal Auto Policy Change Form

<b>Rejection of Uninsured/Underinsured Motorist Coverage</b>	<b>Rejection of Personal Injury Protection</b>
<p>As required by Section 1952.101 through 1952.110 of the Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorist coverage in the amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured Motorist coverage as follows:</p> <ol style="list-style-type: none"> <li>1. ( ) I hereby reject Uninsured/Underinsured Motorist coverage in its entirety.</li> <li>2. ( ) I hereby reject Uninsured/Underinsured Motorist coverage as respects to Property Damage Liability coverage.</li> </ol> <p>The rejection indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing that thereafter Uninsured/Underinsured Motorist coverage is desired.</p> <p>Applicant's Signature _____</p>	<p>The undersigned hereby rejects Personal Injury Protection in accordance with the right of rejection provided in Section 1952.152 through 1952.161 of the Texas Insurance Code. It is also understood in accordance with said article that unless the undersigned requests such coverage in writing, such coverage need not be provided in or supplemental to a renewal or because of a change in vehicle or coverage, or because any rewrite or reinstatement of this policy.</p> <p>Applicant's Signature _____</p> <hr/> <p style="text-align: center;"><b>Statement of No Commercial Use</b></p> <p>I hereby state that the vehicle(s) for which this policy applies are not used for business, farm, delivery (newspapers, pizza, groceries, etc.) transportation of people or goods for a fee or any commercial purpose. This statement is truthful and will form part of the application.</p> <p>Applicant's Signature _____</p>

### 515A-EXCLUSION OF NAMED DRIVER & PARTIAL REJECTION OF COVERAGE

This endorsement forms a part of Policy Number \_\_\_\_\_ issued to \_\_\_\_\_ by **Excellent Insurance Services, LLC.** at its Agency located in **Richardson, Texas** and is effective from \_\_\_\_\_ (12:01 AM Standard Time).

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

**Warning**

**Read this Endorsement Carefully!**

This acknowledgement and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

You agree that none of the insurance coverage afforded by this policy shall apply while \_\_\_\_\_

\_\_\_\_\_

The Excluded Driver

Is operating **your covered auto** or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while **your covered auto** or any other motor vehicle is operated by the excluded driver.

Acknowledged by \_\_\_\_\_

(Your signature)