

New Mexico
Rejection of Uninsured Motorists Coverage or Selection of Higher
Limit of Liability

Named Insured:	Policy Number:										
Insurance Company:											
<p>The New Mexico Laws (Section 66-5-301), amended, permit you, the insured named in the policy, to reject the Uninsured Motorists Coverage or to select a limit of liability equal to or higher than the minimum financial responsibility limit but not more than the limit for Liability Coverage in the policy. Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, and for injury or destruction of property.</p> <p>Uninsured Motorists Coverage includes underinsured motorists coverage. An underinsured motorist means an operator of a motor vehicle with respect to the ownership, maintenance or use of which the sum of the limits of liability under all bodily injury liability insurance applicable at the time of the accident is less than the limit of liability under the Uninsured Motorists Coverage of your policy.</p> <p>In accordance with the New Mexico Laws (66-5-301), amended, the undersigned first Named Insured shown in the Declarations, on behalf of all insureds under the policy: (Applicable item marked <input checked="" type="checkbox"/>)</p> <p><input type="checkbox"/> agrees that the Uninsured Motorists Coverage afforded in the policy is hereby rejected.</p> <p><input type="checkbox"/> agrees that the following limit applies with respect to the Uninsured Motorists Coverage afforded in the policy:</p> <div style="margin-left: 40px;"><p>(Enter if a single limit applies.)</p><p>\$ _____ each accident;</p> <p>(Enter if separate limits apply to Bodily Injury and Property Damage.)</p><table style="border: none;"><tr><td>\$ _____</td><td>each person</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2">Bodily Injury</td></tr><tr><td>\$ _____</td><td>each accident</td></tr><tr><td colspan="3" style="padding-top: 10px;">\$ _____ each accident</td><td>Property Damage</td></tr></table></div>		\$ _____	each person	}	Bodily Injury	\$ _____	each accident	\$ _____ each accident			Property Damage
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\$ _____	each accident										
\$ _____ each accident			Property Damage								
<p>This form must be attached to the Change Endorsement when issued after the policy is written.</p> <p>This rejection of coverage or selection of limits by the first Named Insured is binding upon all insureds under the policy.</p>											
First Named Insured's Signature and Title	Date										