

Complete Separate Form For Each Policy



FARMERS

- Farmers Texas County Mutual Insurance Company
- Texas Farmers Insurance Company
- Mid-Century Insurance Company of Texas

\_\_\_\_\_  
State          District          Agent

\_\_\_\_\_  
Policy Number  
of the Company "X'd" above

**(Read Carefully Before Signing)**

## UM Coverage Election Agreement

I have been given the opportunity to purchase Uninsured Motorist Coverage (including Underinsured Motorist Coverage) equal to my limits of liability for bodily injury or death as stated in my policy.

Instead I am electing to:

- Reject Uninsured Motorist Coverage entirely.
- Reject Uninsured Motorist Coverage for Property Damage Liability.
- Select reduced Uninsured Motorist Coverage Limits of:

\_\_\_\_\_ per person \_\_\_\_\_ per occurrence \_\_\_\_\_ Property Damage

The options indicated above shall apply on this policy and all future renewals or replacements of this policy issued to me, until I notify the Company in writing that a change is desired.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

## Agreement Deleting Personal Injury Protection Coverage From The Policy

I have been given the opportunity to purchase Personal Injury Protection Coverage on this policy and have elected to reject this coverage. This rejection shall apply on this policy and all future renewals or replacements of this policy issued to me, until I notify the Company in writing that a change is desired.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date