



Access Insurance Company
Access General Agency of Alabama, Inc.
 P. O. BOX 19509 Atlanta, GA 30325-0509
 Phone (877) 353-9837 Fax (866) 347-2115

Private Passenger Auto Insurance Application

www.accessgeneral.com

POLICY PERIOD: Effective from: _____ to: _____ **POLICY NUMBER:** _____ **TERM:** 1 month 6 months 12 months

APPLICANT INFORMATION				
Name:	Home Phone:	Cell or Business Phone:	E-Mail:	
Mailing Address:	City:		State:	Zip:
Residence Address:	City:		State:	Zip:
Garaging Address:	City:		State:	Zip:

REJECTION OF UNINSURED MOTORIST PROTECTION

In accordance with Alabama Section 32-7-23, by signing this waiver, I reject Uninsured Motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if an injury is caused by the negligence of a driver who either does not have any insurance or has liability insurance limits lower than the financial responsibility limits of Alabama to pay for losses and damages. If Uninsured Motorist Coverage is not rejected, coverage will be written at limits of \$20,000 per person and \$40,000 per accident. I knowingly and voluntarily reject this coverage.

→ _____
First Named Insured Signature **Date** **Authorized Producer's Signature** **Date**

→ _____
Second Named Insured Signature **Date** **Additional Named Insured Signature** **Date**

UNINSURED MOTORIST PROTECTION INCREASED LIMITS

I have been offered Uninsured Motorist Protection with limits equal to the Bodily Injury Limits I have selected. I hereby elect to purchase limits of Uninsured Motorist Protection that are lower than the Bodily Injury Liability Limits I have selected. This reduction in limits applies to all future renewals unless otherwise directed in writing. The minimum limits for Uninsured Motorist coverage is \$20,000 per person and \$40,000 per accident. However, this coverage may be rejected.

→ _____
First Named Insured Signature **Date** **Authorized Producer's Signature** **Date**

→ _____
Second Named Insured Signature **Date** **Additional Named Insured Signature** **Date**