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## Washington Underinsured Motorist Coverage Rejection / Reduction

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Effective Date

Policy Number

Issued To

At 12:01 A.M. STANDARD TIME

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**Underinsured Motorists (UIM) Coverage** protects **you** and other covered persons by providing reimbursement for damages **you** are legally entitled to recover from drivers of uninsured or underinsured motor vehicles. Please refer to **your** policy for a complete description of **UIM Coverage**. If **you** have any questions about your policy, please contact **your** agent.

**We** must offer **UIM Coverage** at limits that equal **your** auto liability coverages. **You** may reduce or reject **your UIM Coverage** in return for a premium credit. If **you** decide to reduce or reject **UIM Coverage**, **we** will not include it in any renewal or supplemental policy unless **you** request it. If **you** decide to modify **your UIM Coverage**, please complete this form and return it to **your** agent.

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**I want to reject my UIM Coverage. Please modify the policy as instructed below.**

- I want to reject **UIM Bodily Injury and Property Damage Coverage** on all **Covered Autos**, as defined by the policy.
- I want to reject **UIM Property Damage Coverage** on all **Covered Autos**, as defined by the policy.

**I want to reduce my UIM coverage. Please modify the policy as instructed below.**

- Reduce **UIM Bodily Injury Coverage** to these limits: \_\_\_\_\_
- Reduce **UIM Property Damage Coverage** to this limit: \_\_\_\_\_
- Reduce **UIM Combined Single Limit Coverage** to this limit: \_\_\_\_\_

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Named Insured Signature

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Date

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Named Insured Signature

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Date

- Mutual of Enumclaw Insurance Co.**
- Enumclaw Property and Casualty Insurance Co.**



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