

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
REJECTION OF PERSONAL INJURY PROTECTION COVERAGE**

TEXAS

(To be signed by Named Insured)

Policy Number: _____

Name

Address

If you elect to reject Personal Injury Protection Coverage, please sign the rejection below.

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE

This is to certify that I have carefully considered the provisions of Personal Injury Protection Coverage available to me through the enactment of Article 5.06-3 of the Insurance Code of the State of Texas and hereby record my rejection of such coverage under my policy(ies) and all subsequent renewals or reinstatements thereof. I realize that by rejecting this coverage, I have not chosen Personal Injury Protection Coverage available in an amount of up to \$2,500 for all benefits, in the aggregate, for each person. I furthermore certify my understanding that such coverage will not be afforded in or supplemental to a renewal or reinstated policy unless I request Personal Injury Protection Coverage in writing.

Signature of Named Insured

Date