	$\mathbf{R} D_{m}$ GEORGIA AUTO	· ·			
RODUCER		APPLIC	APPLICANT/NAMEDINSURED		
		СОМРА	ANV.	EFFECTIVE DATE	
ODE:	SUB CODE:	POLICY			
	UNI	NSURED MOTOR	RISTS COVERAGE		
	MANI	DATORY OFFER A	AND EXPLANATION		
			d explain to you Uninsured Motorists Coverago ovides a complete description of this coverago of the reject this coverage in writing	je	
	result of an accident with a driv	ver who either has e enough protectio	fury losses to you and your passengers as no liability protection and is legally responsib n to pay the full amount that the injured perso	le	
			limits up to the liability limits of your policy. You premium, the following per-accident deductible		
	Single Limit	Split Limits BIUM	PDUM		
	\$ 500	\$ 250	\$ 250		
	\$1,000	\$ 500	\$ 500		
	\$2,000	\$1,000	\$1,000		
	I reject Uninsured Motor	ists Coverage.			
	If you have elected to purc are shown in the Application.	hase this covera	ge, the limits and any deductible selectior	ns	
	Applicant's Signature		Date		

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