

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

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

**TEXAS**

*(To be signed by Named Insured)*

\_\_\_\_\_  
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