

Personal Injury Protection (PIP) Offer/Rejection/Selection Forms List

State-by-State Summary of PIP Benefits

State	AIG Form No.	Form Title
Arkansas	67044 (2/97)	Arkansas - Offer and Rejection of Personal Injury Protection Coverage
Colorado		Colorado's automobile no-fault law was repealed July 1, 2003
Connecticut	67356 (3/97)	Connecticut Notice of Basic Reparations Benefits
Delaware	80619 (7/02)	Delaware Automobile Coverage Election Form
District of Columbia	67045 (2/97)	DC - Offer and Rejection of Personal Injury Protection Coverage
Florida	67320 (9/03)	Florida Options for PIP Coverage
Hawaii	67312 (3/97)	Hawaii Notice of PIP
Kansas	67316 (3/97)	Kansas Notice of PIP
Kansas	67317 (3/97)	Kansas Motorcycle PIP Rejection Form
Kentucky	67046 (8/01)	Kentucky No-Fault Rejection Form
Maryland	67048 (3/97)	Maryland Notice of PIP Form
Maryland	67049 (3/97)	Maryland Waiver of PIP Form
Massachusetts	79385 (4/02)	Massachusetts Notice of PIP
Michigan	67311 (3/97)	Michigan Notice of PIP
Minnesota	67309 (3/97)	Minnesota Notice of PIP
New Jersey	67308 (8/03)	New Jersey Notice of PIP
New York	67318 (3/97)	New York Selection of PIP Coverage
North Dakota	67319 (3/97)	North Dakota Notice of No-Faults Benefits
Oregon	67313 (3/97)	Oregon Notice of PIP Form
Pennsylvania	67314 (12/98)	Pennsylvania Important Notice of Available Personal Injury Protection Coverage
Rhode Island	67043 (2/97)	Rhode Island - Medical Payments (No Fault) - Selection/Rejection of Coverage
South Dakota	67042 (2/97)	South Dakota - Offer and Rejection of Supplemental Coverages
Texas	67041 (6/98)	Texas - Offer and Rejection of Personal Injury Protection Coverage
Utah	67321 (3/97)	Utah PIP Loss Of Income Rejection Form
Virginia	67040 (2/97)	Virginia - Offer and Rejection of Personal Injury Protection Coverage

State-by-State Summary of PIP Benefits

STATE	AIG Election Rejection Form	Rejection Allowed? Yes/No	Basic PIP Benefits - required to offer (med expenses, loss of income, funeral benefits)	Any Additional Benefits or other comments	Required to offer PIP on renewal? Yes/No
Arkansas	67044 (2/97)	Yes, Insured may reject in writing all or any one or more of coverages.	Medical - \$5,000 per person, including funeral expenses w/in 24 mths of accident; Work Loss - 70% of loss of gross income per wk, subject to max of \$140/wk for 52 wks beginning 8 days after accident.		No - not required if Insured rejected coverage
Colorado	67310 (8/98)	Loss of gross income coverage may be declined by Insured. Rejection shall only apply to named insured & Insured's resident spouse or relative. Insurer shall furnish Insured w/ notice describing coverage waived, estimated cost of coverage waived & indication that waiver is voluntary & loss of gross income coverage may be obtained or waived at any time at Insured's request.	Medical \$50,000 per person per accident up to 5 yrs after accident. Rehab - \$50,000 per person per accident up to ten yrs after accident. Loss of income - 100% of the first \$125, 70% of next \$125, 60% of any loss in excess thereof not to exceed max. \$400/wk starting day after accident, not exceeding 52 wks. Essential services - \$25 per day starting day after accident up to one year. Death benefits - \$1,000	Insured has option to request Insurer to offer following medical & rehab benefits: a. thru HMO/PPO subject to deductibles, coinsurance requirements or other conditions & limitations. Insurer shall inform Insured of following managed care options: - Colorado auto policies may include such option; - Explanat. of managed care & consumer info. - Potential cost savings if Insurer offers such option; b. thru deductible &/or coinsurance requirements where Insured shares in payment of care; c. deductibles & coinsurance provisions apply to named insured, resident spouse, resident relative or persons operating vehicle w/ permission of named insured/spouse.	No - Insurer not required to notify Insured in any renewal or replacement policy of availability of basic or alternative coverage.
Connecticut	67356 (3/97)		No longer required to offer PIP or Basic Reparations Benefits coverage. Insured has the option to purchase basic/added reparations benefits coverage & medical payments coverage.		

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Delaware	62572 (5/95)	No	<p>Minimum \$15,000 bodily injury per person, \$30,000 for all persons per accident; \$10,000 for property damage in any accident other than damage to motor vehicle, aircraft, watercraft, self-propelled mobile equip. & any property in/upon any aforementioned.</p> <p>Medical - reasonable & necessary expenses incurred w/in 2 yrs of accident subject to per person/per accident limit. Payment of loss earnings limited to period of time reasonably necessary to recover from dental/surgical procedures, not to exceed 90 days. Funeral - \$5,000 for expenses & profess. services, including burial plot. Work loss - net amt. of lost earnings subject to per person/per accident limit.</p>	<p>Insurer may provide certain deductibles, waiting period, sublimits, percentage reductions, excess provisions or similar reductions at the election of vehicle owner. All deductibles must be per accident & not per person.</p> <p>Owner's election of any reduced benefits must be in writing & signed by owner.</p>	No statutory provision.
DC	67045 (2/97)	Yes; Insured may select any one or combination of benefits.	<p>Medical - \$50,000 minimum, \$100,000 maximum; includes rehab expenses.</p> <p>Work loss - 80% income subject to min. of \$12,000, max. of \$24,000; includes essential services.</p> <p>Funeral expenses - up to \$4,000</p>	<p>Insurer may offer benefits subject to deductible to all or any specified type of benefit, except deductible shall not apply to any medical, paramedical, or hospital services furnished to accident victim w/in 72 hrs. of accident.</p> <p>Taxicab insurers not required to offer PIP.</p>	Yes – Insurer shall provide Insured at least annually w/ listing of coverages provided, explanation of mandatory coverages & available options.
Florida	67320 (3/97)	No	<p>\$10,000 limit Medical - 80% of reasonable medical expenses including necessary ambulance, hospital, nursing & rehab expenses subject to max. of \$10,000.</p> <p>Work loss - 60% of loss of income & earning capacity including reasonable expenses incurred for obtaining necessary services from others subject to max. of \$10,000. Includes essential services.</p> <p>Death benefits - \$5,000 per individual.</p> <p>Policy providing PIP benefits must also provide at least \$10,000 property damage or \$30,000 combined bodily injury & property damage liability.</p> <p>Insurer shall notify Insured in writing that cancellation/nonrenewal of policy will be reported to Dept. of Highway Safety and Motor Vehicles.</p>	<p>Named insured may select deductible, modified coverage or combination thereof to apply to named insured &/or dependents living in same household, however these options do not apply to any other person insured under policy.</p> <p>Insured shall have option to exclude benefits for loss of gross income & earning capacity.</p> <p>Insurer shall offer deductible of \$250, \$500, \$1,000, & \$2,000. Deductible does not apply to death benefits. Insurer shall reduce premium accordingly for deductible &/or modified coverage.</p> <p>Insurer shall offer option to active/retired military personnel of having medical benefits they receive deducted from medical benefits under</p>	<p>Yes – Insurer must provide clear notice and selection of PIP benefits to named insured prior to annual renewal.</p> <p>Requirements for Renewal: named insured may select deductible, modified coverage or combination thereof, to apply to named insured &/or dependents living in same household, but may not elect</p>

State-by-State Summary of PIP Benefits

			Insurer shall report every new policy providing PIP benefits to Dept. of Highway Safety and Motor Vehicles within 30 days. Every renewal, cancellation, or nonrenewal shall be reported to Dept. within 45 days.	PIP.	deductible or modified coverage to apply to any other person covered under the policy.
Hawaii	67312 (3/97)	No	<p>Medical - \$10,000 per person maximum aggregate limit for medical, hospital, surgical & rehab expenses.</p> <p>Death benefit - \$25,000 minimum.</p>	<p>Insurer may offer optional addtl coverage in excess of \$10,000 aggregate per person for medical expenses.</p> <p>Insurer may offer at Insured's request the following addtl benefits:</p> <ul style="list-style-type: none"> a. loss of earnings of \$1,000 - \$5,000 or higher in increments of \$500 a month for minimum of 2 yrs following date of accident for lost net income after taxes; b. Funeral expenses of \$2,000; c. Increased death benefits in increments of \$25,000 up to \$100,000 or higher. <p>Insurer shall offer deductible options of \$100, \$300, \$500 & \$1,000 at reduced premium rates for all PIP benefits.</p> <p>Insurer may offer, at Insured's request:</p> <ul style="list-style-type: none"> a. medical benefits thru approved HMO/PPO providers, applicable to named insured, or resident spouse/relative; b. deductible & coinsurance options for named insured, or resident spouse/relative where care recipient shares in payment obligation. Deductible does not apply 1st 24 hrs. of care. c. coverage for naturopathic, acupuncture, nonmedical remedial care, & treatment rendered in accordance w/ teachings, faith, or belief of any group which relies upon spiritual means through prayer for healing; 	Yes - Insurer shall inform Insured of available coverage options and deductibles.

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Kansas	67316 (3/97)	No; Motorcycle owner may reject benefits in writing.	Medical - \$4,500 per person for reasonable health care expenses. Rehabilitation - \$4,500 per person. Funeral - \$2,000 per person for funeral, burial or cremation expenses. Work loss - 85% gross income, subject to \$900 maximum per month up to 1 yr. Essential services - \$25 per day, 365 days max. for allowances in obtaining ordinary & necessary services.	Insurer may exclude benefits for following: a. named insured & relatives residing in same household while occupying another vehicle owned by named insured but not insured under same policy; b. injury sustained by anyone operating insured auto w/o Insured's express/implied consent. c. any person injured due to: 1. Causing it intentionally; 2. being intentional converter of auto at time of injury; 3. conduct w/in business of repairing, servicing or maintaining autos unless injury occurred off business premises; 4. Conduct in loading/unloading autos unless injury occurred while occupying, entering into or alighting from vehicle.	No statutory provision pertaining to motor vehicles. Insurer not required to offer PIP benefits on renewal to motorcycle owner.
	67317 (3/97) for motor- cycles.				
Kentucky	67307, 67046 (3/97)	Yes. Coverage must be rejected in writing by each household member. When guardian or committee appointed for legally disabled person, rejection shall be executed on disabled person's behalf. Rejection for minor under age 18 shall be executed by parent, in absence of guardian/ committee.	Basic Reparations Benefits - minimum aggregate limit \$10,000 per person, per accident. Includes medical & rehab. Funeral - \$1,000 per person for funeral, cremation or burial expenses. Work loss - max. \$200/wk including replacement services. Essential services - max. \$200/wk including work loss. Survivor's economic loss - max. \$200/wk, including survivor's replacement services loss & work loss.	Insurer shall provide added reparation benefits in increments of \$10,000 up to \$40,000 per person at Insured's request. Insurer shall offer deductible of \$250, \$500 and \$1,000 when requested by named insured. Owner/operator of motorcycle may reject coverage solely to apply to ownership/operation of motorcycle and not applying to any other type of motor vehicle.	No statutory provisions.
Maryland	67048, 67049 (3/97)	Yes - coverage may be	Medical - \$2,500 min. per person, per accident for expenses due to motor vehicle accident incurred w/in 3 yrs.		No statutory requirement to offer.

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		waived in writing, except for passengers & Insured's children under 16.	<p>Disability/funeral expenses included.</p> <p>Work loss - 85% gross income incurred w/in 3 yrs.</p> <p>Essential services - expenses incurred w/in 3 yrs.</p>		
Massachusetts	79385 (4/02)	No	<p>Medical - max \$8,000 per person for expenses incurred up to 2 yrs from date of accident. Funeral expenses included in medical.</p> <p>Work loss - up to 75% avg. weekly wage; for unemployed persons, up to 75% of what would have been earned based on year immediately preceding accident.</p> <p>Essential services - performed by others and not household members, up to 2 yrs from date of accident, subject to \$8,000 per person medical limit.</p>	<p>Insurer shall offer deductibles of \$100, \$250, \$500, \$1,000, \$2,000, \$4,000 or \$8,000 for policyholder and/or household members.</p> <p>Up to \$2,000 in PIP benefits will be paid for reasonable med. expenses w/in 2 yr. period if injured person has health/disability insurance in force or is being reimbursed for health care services by a plan.</p> <p>Insurer may exclude person from PIP benefits under following conditions: If conduct contributed to injury:</p> <ul style="list-style-type: none"> a. while under influence of alcohol/narcotics; b. while committing felony or seeking to avoid lawful arrest; c. w/ intent to cause injury to himself or others 	No statutory provision.
Michigan	67311 (3/97)	No	<p>Property protection - \$1M max per accident for damage to tangible property consisting of physical damage or loss of use.</p> <p>Medical - reasonable & necessary services expenses for injured person's care, recovery, rehabilitation. No statutory provision for maximum monetary amount.</p> <p>Funeral expenses - min. of \$1,750, max of \$5,000</p> <p>Work loss - 85% weekly wage to max of \$3,898 per mth for max of 3 yrs. Benefits subject to 15% tax reduction.</p> <p>Essential services - \$20 per day for ordinary & necessary services for 3 yrs from date of accident</p>		No statutory provision.
Minnesota	67309 (3/97)	No	<p>Medical - minimum aggregate limit \$40,000 per person subject to \$20,000 per person medical & total of \$20,000 per person for all work loss, essential services, funeral expenses & survivor</p>	<p>Insurer may provide additional benefits</p>	No statutory provision.

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			<p>benefits. Funeral - \$2,000 maximum for funeral & burial expenses, including cremation. Work loss - 85% present & future gross income subject to \$250/wk. Benefits include cost of hiring substitute employee in order to maintain income for a self-employed person. For unemployed person, benefit payable is equal to unemployment benefits which would have been received subject to max of \$250/wk. Essential services - \$200 max per week for expenses incurred beginning 8th day of accident. Survivor benefits - \$200/wk maximum.</p>		
New Jersey	67308 (3/97)	No	<p>Medical - \$250,000 per person, per accident. Alternative Basic Coverage - Medical - \$15,000 per person per accident. For catastrophic injuries to brain/spinal cord or disfigurement, the basic policy provides medical expenses up to \$250,000; Medically necessary treatment of other permanent/significant injuries at a trauma center or acute care hospital immediately following an accident, will also be covered up to \$250,000. Rehabilitation - included in medical under standard coverage only.</p> <p>Work Loss - under standard coverage only, \$100 maximum weekly payment subject to total of \$5,200 per person, per accident lifetime maximum. Benefits may not exceed net income normally earned.</p> <p>Essential Services - under standard coverage only, \$12 per day maximum, subject to total limit of \$4,380 per person, per accident.</p> <p>Death Benefits - under standard coverage only, max. amount of benefits which could have been paid to income producer subject to total of \$5,200 (or difference between amount paid before death and total).</p> <p>In addition, essential services benefits, subject to total of \$4,380, due to death of someone performing essential services (or difference between amount paid before death and total).</p> <p>Funeral - under standard coverage only, \$1,000 maximum for reasonable</p>	<p>Under standard coverage only, Insured has option, for reduced premium, to:</p> <ol style="list-style-type: none"> delete all benefits other than medical expenses & to select optional medical expense deductibles ranging \$500 - \$2,500 per accident. Elect PIP medical benefits as secondary coverage w/ health insurer providing primary. Option is only available if all drivers of household, not insured under separate policy, provide Insurer w/ name & policy # of their health insurance provider. Select medical expense benefits in amounts of \$150,000, \$75,000, \$50,000, or \$15,000 per person, per accident. <p>Under alternative basic coverage, Insurer must provide Insured w/ coverage selection form that election of basic policy will result in less coverage than \$250,000 standard option; in addition, form must include that election of basic coverage may subject named insured to claim or judgment for noneconomic loss which is not covered by basic policy. Insured's assets may be placed at risk, & if named insured is sued, Insurer will not provide legal counsel.</p>	Yes - must be offered annually

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New York	67318 (3/97)	No	<p>expenses including burial/cremation.</p> <p>Basic economic loss - \$50,000 per person, per accident.</p> <p>Medical - necessary med. Expenses subject to \$50,000 per person, per accident limit; no time limitation provided that it can be determined that further medical expenses necessary after one year. Includes rehab expenses. Medical expenses may be excluded from mandatory PIP in consideration of a reduction in premium.</p> <p>Work loss - loss of earnings from work, 80% of earnings/up to \$2,000 per month max. for 3 yrs from date of accident.</p> <p>Other expenses - \$25 per day for one yr. from date of accident for all reasonable & necessary expenses other than med. & work loss.</p> <p>Death benefit - \$2,000</p>	<p>Optional basic economic loss - addtl basic PIP \$25,000. Addtl amount may be applied to basic economic loss, work loss &/or psychiatric, physical or occupational therapy & rehab after initial benefits have been exhausted.</p> <p>Family deductibles of \$100 or \$200 applicable to named insured & any relative may be offered.</p> <p>Insurers may exclude person from PIP benefits under the following conditions:</p> <ol style="list-style-type: none"> a. intentionally causing injury to himself; b. if injured while operating motor vehicle under influence of alcohol/drugs; c. if injured while committing felony or seeking to avoid lawful arrest; d. if injured while operating motor vehicle in race/speed contest; e. if injured while operating/occupying motor vehicle known to be stolen; f. if injured while operating or occupying motor vehicle owned by injured person w/ coverage required not in effect. g. If injured as pedestrian being struck by motor vehicle owned by pedestrian for which coverage required is not in effect. h. If injured while repairing, servicing, or maintaining motor vehicle if conduct is w/in course of business & injury occurs on premises. 	No statutory provision.
North Dakota	67319 (3/97)	No	<p>\$30,000 basic aggregate limit per person, per accident. Reasonable medical & rehabilitation expenses included in aggregate.</p> <p>Work loss - 85% of loss of income subject to max. of \$150 per person, per week.</p> <p>Essential services - up to \$15 per person,</p>	<p>Insurer shall make available optional excess no-fault benefits up to \$80,000.</p> <p>Basic benefits other than those required by statute may be offered w/ terms, conditions, & exclusions consistent w/</p>	No statutory provisions.

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			per day for expenses in obtaining services from others (not household members). Survivor's income loss - up to \$150/wk for loss after injured person's death. Survivor's replacement services loss - up to \$15 per day for expenses including burial/cremation.	premiums charged.	
Oregon	67313 (3/97)	No	Medical - \$10,000 aggregate per person incurred w/in 1 yr. of accident. Work loss - 70% of income loss not to exceed \$1,250 per mth for 52 wks, subject to 14 day waiting period. Essential services - max. \$30 per day for 52 wks, subject to 14 day waiting period. Funeral expenses - \$2,500 for expenses incurred w/in 1 yr. Child care - \$15 per day subject to \$450 max. Benefit applies to injured person requiring hospitalization more than 24 hrs who is parent of minor child.	Coverage may be offered with deductible up to \$250 for medical, work loss and essential services benefits. Insurer may provide additional benefits. Insurer may exclude persons from benefits under following circumstances: a. anyone causing self-injury; b. persons participating in organized race/speed contests c. pedestrian injured in out of state accident, other than Insured or household members for work loss and essential services benefits only	No statutory provision.
Pennsylvania	67314 (12/98)	No	Medical - \$5,000 per person for reasonable & necessary medical and rehab expenses, incurred w/o time limitation, provided that w/in 18 mths of accident, it is determined that further expenses will be incurred.	Insurer must provide notice on policy that additional benefits are available as follows - Medical - up to at least \$100,000 (including rehab) Work loss - 80% gross income starting 5 days after accident; up to at least \$2,500 per mth with \$50,000 max benefit. Accidental death - Up to \$25,000 if death w/n 24 mths of accident; Funeral expenses - \$2,500 if incurred w/in 24 mths of accident. Option of benefit combination of medical, income loss, accidental death and funeral expenses. Insurer may offer extraordinary medical benefits - \$100,000 to \$1.1M in increments of \$100,000, max. annual payment of \$50,000 and lifetime aggregate \$1M for medical & rehab.	No statutory provision.
Rhode Island	67043 (2/97)	Yes - Insured may reject med. payments coverage	Medical payments - \$2,500 per person/\$5,000 aggregate		Yes - Insurer must notify of availability of coverage.

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South Dakota	67042 (2/97)	Yes, Insured may reject, in writing, one or more coverages	Medical - \$2,000 per person aggregate for injuries incurred up to 2 yrs from accident. Includes funeral expenses. Work loss - \$60/wk for gainfully employed persons beginning 14 days from date of accident for 52 week period. Benefits reduced to \$30/wk for unemployed persons. Accidental death - \$10,000 if death occurs w/in 90 days of accident.		No statutory requirement to offer.
Texas	67041 (6/98)	Yes, coverage may be rejected in writing.	Min. aggregate limit - \$2,500 per person for reasonable expenses incurred w/in 3 yrs from date of accident. Includes medical expenses and funeral expenses. Work loss included in aggregate limit for income producer. Essential services included in aggregate limit for non-income or wage producers.	Broader or additional benefits maybe provided at Insurer's option. Insurer may exclude person from PIP benefits under following conditions: a. when causing intentional injury to himself. b. while committing felony or trying to elude apprehension or arrest by law enforcement.	No, Insurer not required to reoffer on renewal, unless Insured requests coverage in writing.
Utah	67321 (3/97)	No; However, Insured may waive loss of gross income benefits.	Medical - \$3,000 per person Work loss - \$250/wk or 85% of income whichever is less, beginning 3 days after injury for 52 weeks. Essential services - up to \$20 per day beginning 3 days after injury for 365 days. Death benefit - \$3,000 Funeral expenses - \$1,500	Insurer may offer higher limits of coverage.	No statutory requirement to offer
Virginia	67040 (2/97), 62605 (8/01)	Yes, and Insured may select one or both coverages.	Medical - \$2,000 reasonable & nec. expenses incurred up to 3 yrs of accident Rehabilitation and/or funeral expenses included w/in medical. Work loss - up to \$100/wk beginning 1 st workday lost, up to one yr. from date of accident for wage earner;	Insurer required to provide bold type notice in front of/enclosed with policy/premium notice that in addition to minimum insurance required by law, policyholder may purchase additional coverage.	No statutory requirement to offer
Washington	67047 (3/97)	Yes - rejection required in writing.	Medical - \$10,000 minimum, \$35,000 maximum per person for med. & hospital benefits incurred w/in 3 yrs of date of accident. Work loss - \$10,000 subject to lesser of \$200/wk or 85% of weekly income for 1 yr., beginning 14 days after date of accident; up to \$35,000 increased limits benefit subject to lesser of \$700/wk or 85% of weekly income for 1 yr., beginning 14 days after date of accident. Essential services - \$5,000 limit subject to \$40 per day/\$200 per wk for 1 yr. Funeral expenses - \$2,000 PIP need not be provided on umbrella/excess policy.	Insured may select minimum or request higher limits. If conduct contributed to injury: a. w/ intent of causing injury to himself; b. while participating in/preparing for prearranged/organized racing/speed contest; c. due to war; d. due to contact w/ radioactive, toxic, hazardous or nuclear material; e. while occupying owned	Insurer not required to reoffer coverage on renewal unless named insured subsequently requests such coverage in writing.

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			PIP coverage shall be offered to commercial auto consumers only where named insured is an individual.	vehicle not described in policy; f. while using auto in committing felony.	
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Virginia	62605 (8/01)	Virginia Important Notice
Washington	67047 (3/97)	Washington Selection/Rejection of PIP Coverage

No-Fault (PIP) statutes do not exist in the following states:

Alabama	Indiana	Nebraska	South Carolina
Alaska	Iowa	Nevada	Tennessee
Arizona	Louisiana	New Hampshire	Vermont
California	Maine	New Mexico	West Virginia
Georgia	Mississippi	North Carolina	Wisconsin
Idaho	Missouri	Ohio	Wyoming
Illinois	Montana	Oklahoma	

For additional information on PIP, refer to either the ISO manuals and/or ODEN's State Rules and Regulations, all of which are accessible on-line in Silver Plume.

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**OFFER AND REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(Arkansas)**

The Arkansas Laws (Section 23-89-201 through 23-89-208), as amended, require us to offer, and permit you, the named insured in the policy, to reject Personal Injury Protection Coverage in its entirety or to reject only parts of Personal Injury Protection Coverage.

Personal Injury Protection Coverage covers only:

- (1) private passenger autos not used as public or livery conveyances;
- (2) pickup, panel truck, or sedan delivery not customarily used for business purposes; and
- (3) motorcycles, motorscooters, motorbikes or similar autos not used as public or livery conveyances.

Personal Injury Protection Coverage covers you and your resident family members if you are an individual, any person occupying a covered auto with your permission, and a pedestrian if the accident involves a covered auto.

Personal Injury Protection Coverage covers the following:

Medical Expenses up to \$5,000 per person
Work Loss up to 70% of loss income per week subject to a maximum of \$140 per week up to 52 weeks;
Essential Services for nonincome earners up to \$70 per week up to 52 weeks; and
Accidental Death Benefits of \$5,000 per person.

In accordance with Arkansas Laws (Section 23-89-203), as amended, the undersigned Named Insured (for each insured in the policy) - chooses to reject the following (**applicable items are to be marked with [X]**). Any item not rejected is hereby accepted.

- agrees that ALL COVERAGES of Personal Injury Protection Coverage are hereby rejected; OR
- agrees that Medical Expenses of Personal Injury Protection Coverage is hereby rejected;
- agrees that Work Loss of Personal Injury Protection Coverage is hereby rejected;
- agrees that Essential Services of Personal Injury Protection Coverage is hereby rejected;
- agrees that Accidental Death Benefits of Personal Injury Protection Coverage is hereby rejected;

Exercise of any option shall apply to renewals or substitute policies issued by us or our affiliates.

All other terms, conditions, and exclusions remain unchanged.

DATE

SIGNATURE OF INSURED

**OFFER AND REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(Virginia)**

Virginia Law (Section 38.2-2201) requires us to offer, and permit you, the named insured to reject Personal Injury Protection Coverage in its entirety or either one of its two parts for Personal Injury Protection Coverage [1 Medical Expense Benefits and 2. Loss of Income Benefits]

Personal Injury Protection Coverage covers you and your resident, family members, while in or upon, entering or alighting from or through being struck by a motor vehicle (while not occupying a motor vehicles).

Personal Injury Protection Coverage covers the following:

1. Medical Expense Benefits

1. Medical Expenses including chiropractic, hospital, dental, surgical, ambulance prosthetic rehabilitation expenses and funeral expenses: \$2,000 total per person.

Medical Expense Premium Per Vehicle _____

Total Medical Expense Premium _____

2. Loss of Income Benefits

2. Loss of Income for a period up to 1 year from date of accident. The amount received shall be up to 100 per week.

Loss of Income Premium Per Vehicle _____

Total Loss of Income Premium _____

Please indicate below whether you reject or accept 1 or 2 above in their entirety or in part (applicable item are to be marked with an [X]) in accordance with Virginia law (Section 38.2-2201)

- [] I hereby agree to reject both Coverage 1 Medical Expense Benefits and Coverage 2 Income Loss Benefits as described above.
- [] I hereby agree to reject 2. Income Loss Benefits, but accept 1. Medical Expense Benefits, as described above.
- [] I hereby agree to reject 1. Medical Expense Benefits but accept 2. Income Loss Benefits as described above.
- [] I hereby accept both 1. Medical Expense Benefits and 2. Income Loss Benefits as described above.

Date

Signature of Insured

VIRGINIA IMPORTANT NOTICE OPTIONAL COVERAGES

(The following pertains to Section 38.2-2202.A of the Virginia Insurance Code.)

IN ADDITION TO THE MINIMUM INSURANCE REQUIRED BY LAW, YOU MAY PURCHASE ADDITIONAL INSURANCE COVERAGE FOR THE NAMED INSURED AND FOR HIS RELATIVES WHO ARE MEMBERS OF HIS HOUSEHOLD WHILE IN OR UPON, ENTERING OR ALIGHTING FROM A MOTOR VEHICLE, OR THROUGH BEING STRUCK BY A MOTOR VEHICLE WHILE NOT OCCUPYING A MOTOR VEHICLE, AND FOR OCCUPANTS OF THE INSURED MOTOR VEHICLE. THE FOLLOWING HEALTH CARE AND DISABILITY BENEFITS ARE AVAILABLE FOR EACH ACCIDENT:

- 1. PAYMENT OF UP TO \$2000 PER PERSON FOR ALL REASONABLE AND NECESSARY EXPENSES FOR MEDICAL, CHIROPRACTIC, HOSPITAL, DENTAL, SURGICAL, AMBULANCE, PROSTHETIC AND REHABILITATION SERVICES, AND FUNERAL EXPENSES RESULTING FROM THE ACCIDENT AND INCURRED WITHIN THREE YEARS AFTER THE DATE OF THE ACCIDENT. HOWEVER, IF YOU DO NOT PURCHASE THE \$2000 LIMIT OF COVERAGE, YOU AND THE COMPANY MAY AGREE TO ANY OTHER LIMIT; AND**
- 2. AN AMOUNT EQUAL TO THE LOSS OF INCOME UP TO \$100 PER WEEK IF THE INJURED PERSON IS ENGAGED IN AN OCCUPATION FOR WHICH HE RECEIVES COMPENSATION, FROM THE FIRST WORKDAY LOST AS A RESULT OF THE ACCIDENT UP TO THE DATE THE PERSON IS ABLE TO RETURN TO HIS USUAL OCCUPATION. SUCH PAYMENTS ARE LIMITED TO A PERIOD EXTENDING ONE YEAR FROM THE DATE OF THE ACCIDENT.**

IF YOU DESIRE TO PURCHASE EITHER OR BOTH OF THESE COVERAGES AT AN ADDITIONAL PREMIUM, YOU MAY DO SO BY CONTACTING THE AGENT OR COMPANY THAT ISSUED YOUR POLICY.

(The following pertains to Section 38.2-2202.B of the Virginia Insurance Code.)

IN ADDITION TO THE INSURANCE COVERAGE REQUIRED BY LAW TO PROTECT YOU AGAINST A LOSS CAUSED BY AN UNINSURED MOTORIST,

IF YOU HAVE PURCHASED LIABILITY INSURANCE COVERAGE THAT IS HIGHER THAN THAT REQUIRED BY LAW TO PROTECT YOU AGAINST LIABILITY ARISING OUT OF THE OWNERSHIP, MAINTENANCE, OR USE OF THE MOTOR VEHICLES COVERED BY THIS POLICY, AND YOU HAVE NOT ALREADY PURCHASED UNINSURED MOTORIST INSURANCE COVERAGE EQUAL TO YOUR LIABILITY INSURANCE COVERAGE;

- 1. YOUR UNINSURED AND UNDERINSURED MOTORIST INSURANCE COVERAGE HAS INCREASED TO THE LIMITS OF YOUR LIABILITY COVERAGE AND THIS INCREASE WILL COST YOU AN EXTRA PREMIUM CHARGE; AND**
- 2. YOUR TOTAL PREMIUM CHARGE FOR YOUR MOTOR VEHICLE INSURANCE COVERAGE WILL INCREASE IF YOU DO NOT NOTIFY YOUR AGENT OR INSURER OF YOUR DESIRE TO REDUCE COVERAGE WITHIN 20 DAYS OF THE MAILING OF THE POLICY OR THE PREMIUM NOTICE, AS THE CASE MAY BE.**
- 3. IF THIS IS A NEW POLICY AND YOU HAVE ALREADY SIGNED A WRITTEN REJECTION OF SUCH HIGHER LIMITS IN CONNECTION WITH IT, PARAGRAPHS 1 AND 2 OF THIS NOTICE DO NOT APPLY.**

UTAH NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Utah Insurance Law 31A-22-307 requires an insurer to offer personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

I. The following are the minimum benefits we are required to offer you:

1. Medical and Rehabilitative Expenses-\$3,000 maximum per person
2. Income Loss -The lesser of \$250 per week or 85% of income for a maximum of 52 consecutive weeks after the loss.
3. Loss of Services -\$20 per day maximum for a maximum period of 365 days;
4. Funeral Expenses -\$1,500 maximum per person;
5. Survivor Benefits -\$3,000

II. You may waive the loss of income benefits described in 2. above by:

- Stating in writing that within 31 days of application for coverage, neither you nor your spouse received any earned income from regular employment; and
- For at least 180 days from the date of writing and during the period of insurance, neither you nor your spouse will receive earned income from regular employment.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company before you sign.

Applicant/Named Insured

Date

**OFFER AND REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(Texas)**

Texas Law (Article 5.06-3) requires us to offer and permit you (the named insured in the policy) to reject Personal Injury Protection Coverage in the total amount for all included benefits of \$2,500 per person covered by the policy. This Personal Injury Protection Coverage applies whenever an automobile liability policy is issued.

Personal Injury Protection Coverage covers you and your resident family members and any person operating or occupying a covered auto with your permission.

Personal Injury Coverages covers the following expenses provided such expenses arise within 3 years of the accident.

Necessary Medical Expenses including surgical, X-ray, dental services, prosthetic devices, ambulance and professional nursing.
Loss of income for income or wage earners
Essential Services for non income or wage earners
Funeral expenses
Aggregate Total for all above benefits: \$2,500 per person covered by the policy

Please indicate below whether you reject or accept this Personal Injury Protection Coverage:

- I hereby reject the above described Personal Injury Protection Coverage.
- I hereby do not reject and there accept the above described Personal Injury Protection Coverage.

Date

Signature of Insured

**OFFER AND REJECTION OF SUPPLEMENTAL COVERAGES
(South Dakota)**

South Dakota Laws (Section 58-23-6 through 58-23-8), as amended, require us to offer, and permit you, the named insured in the policy, to reject Supplemental Coverage in its entirety or to reject only parts of Supplemental Coverage.

Supplemental Coverage covers only automobiles as defined under Section 58-23-6. Automobile under section 58-23-6 means a four-wheel passenger motor vehicle designed for use upon public roads, not operated for commercial use, and owned by a natural person. This definition includes trailers designed for use with such motor vehicles, but does not include a motorcycle or a motorcycle with a sidecar attached thereto;

Supplemental Coverage covers you and any person who is an insured for this coverage. An insured for this coverage is the following:

The named insured or any other person who is in or upon, entering into, or alighting from, the automobile insured and described in the policy with the express or implied permission of the named insured or the person operating the automobile with the express or implied consent of the named insured. The term insured also includes the named insured or any member of the named insured's household when either of them is a pedestrian and collides with or is struck by a motor vehicle or trailer;

Supplemental Coverage covers the following:

Medical Expenses up to \$2,000 per person
Disability up to \$60 per week for 52 weeks, if employed
Disability up to 30 per week for 52 weeks; if not employed
Accidental Death Benefits of \$10,000 per person.

In accordance with South Dakota (Section 58-23-7), the undersigned Named Insured (for each insured in the policy) - chooses to reject the following (**applicable items are to be marked with [X]**). Any item not rejected is hereby accepted.

- agrees that ALL COVERAGES of Supplemental Coverage are hereby rejected; OR
- agrees that Medical Expenses of Supplemental Coverage is hereby rejected;
- agrees that Disability of Supplemental Coverage is hereby rejected;
- agrees that Disability of Supplemental Coverage for individuals not employed is hereby rejected;
- agrees that Accidental Death Benefits of Supplemental Coverage is hereby rejected;

All other terms, conditions, and exclusions remain unchanged.

DATE

SIGNATURE OF INSURED

Medical Payments

**SELECTION/REJECTION OF COVERAGE
(Rhode Island)**

Rhode Island law (Sec. 27-7-25) requires you to purchase Medical Payments Coverage (protection of persons injured in an auto accident regardless of the fault of the person that is injured) with a limit not less than \$2,500 per person and \$5,000 aggregate unless you tell us, in writing, that you do not want this coverage. Please indicate below whether you reject such Medical Payments Coverage.

- I hereby reject Medical Payments Coverage.
- I do not reject Medical Payments Coverage as described above.

IF YOU REJECT MEDICAL PAYMENTS COVERAGE SUCH REJECTION SHALL APPLY TO RENEWALS OR SUBSTITUTE POLICIES ISSUED BY US OR OUR AFFILIATES.

Signature/Date

Policy Number

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

1. Medical benefits, up to at least \$100,000.
2. Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
3. Income loss benefits, up to at least \$2,500 per month up to a maximum of at least \$50,000.
4. Accidental death benefits, up to at least \$25,000.
5. Funeral benefits, of \$2,500.
6. As an alternative to the benefits provided in paragraphs 1., 2., 3., and 4., a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
7. Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, or any of the provisions contained in this notice, contact your agent or company before you sign.

Named Insured

Date

OREGON NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number (if known) _____

Oregon statutes require an insurer to offer specific options regarding personal injury protection. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

The following are the minimum benefits we are required to offer you:

1. \$10,000 aggregate limit for medical expenses;
2. You shall be reimbursed 70% for income loss if your disability is over fourteen(14) days; Such reimbursement shall not exceed \$1250 per month up to 52 weeks;
3. A maximum of \$30 per day up to 52 weeks for essential services if you were not working prior to the accident;
4. \$2,500 funeral benefits; and
5. \$15 per day up to a \$450 maximum for child care services.

If you should have any questions regarding these benefits or require additional insurance please contact your broker or agent.

I have read this notice and understand the contents.

Named Insured

Date

SELECTION OF PERSONAL INJURY PROTECTION COVERAGE

NEW YORK

Policy Number(if known) _____

Regs. 65.12 - 65.14, as amended, require an insurer to offer personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical expenses, work loss and death.

Please mark an [X] next to the coverage you desire:

Mandatory

[] I **accept** Personal Injury Protection Coverage at the **minimum limits** provided:

- First Party Benefits - Basic Economic Loss less: 1) 20% loss of earnings;
2) Amounts recoverable under state or federal disability or workers' compensation law.
- \$50,000 per person Basic Economic Loss for medical expense, work loss and other expenses;
- 80% of earnings or up to \$2,000 per month maximum for 3 years for loss of earnings from work;
- \$25 per day for 1 year for all other reasonable and necessary expenses;
- \$2,000 death benefit.

Optional

[] I also request additional Personal Injury Protection (Optional Basic Economic Loss) of \$25,000 or more at the following amount:

\$ _____

Signature of Insured

Date

Exercise of any option shall apply to renewals or substitute policies issued by the same insurer.

NEW JERSEY NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number (if known) _____

New Jersey statutes 39:6A-10 39:6A-4.1, 39:6A-4.3 and 39:61-10 require an insurer to offer specific options regarding personal injury protection. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

Please select the coverage's that would be most beneficial to you from each of the following, if you should have any question regarding the coverage or how the coverage's will effect your premium, please contact your broker or agent.

1. PERSONAL INJURY PROTECTION (PIP)

- A. Basic PIP Coverage which includes income continuation, essential services, death benefits and funeral expense benefits as well as medical expense benefits.
Personal Injury Protection Coverage's include:

- Medical Expense Benefits: \$250,000 maximum per person per accident.
- Income Continuation Benefits: \$100 weekly payment maximum, subject to a \$5,200 maximum for an injury to any one person for any one accident.
- Essential Services Benefits: \$12 per day, subject to \$4,380 maximum for any one person for any one accident.
- Death Benefits: Can be the same as Income Continuation Benefits or Essential Services Benefits depending on the relationship of the beneficiary and the deceased.
- Funeral Expense Benefits-\$1,000 maximum

If you elect this Coverage "1A.," you may request Additional PIP Coverage "1B."

- B. Additional PIP Coverage.(Contact your agent or broker for details.)

2. PIP MEDICAL EXPENSES DEDUCTIBLE - Choose only one:

- A. \$250 deductible, minimum required by law.
B. \$500 deductible.
C. \$1,000 deductible.
D. \$2,500 deductible.

3. PIP HEALTH INSURANCE OPTION

Please select, Coverage "3A" if you want your health insurer, other than Medicare or Medicaid, to be your primary carrier to pay your auto accident-related medical benefits.

IMPORTANT: Please check with your employer or health insurer, whether you are eligible for coverage "3A" and request a response in writing. Additionally, if you want Coverage "3A" the health coverage must cover the Named Insured and members of the named insured's family residing in the household.

- A. Yes, I choose the PIP health insurer option.

IMPORTANT: The auto insurance company may deny this option, if the company cannot verify that you have valid and collectible health coverage and your health insurer will provide primary coverage for you auto accident related medical expenses.

My health insurer is:

1. Name _____

2. Type of insurance:

- Policy
- Plan
- Membership
- Group Certificate Number

3. Number _____

My health insurer is:

1. Name _____

2. Type of insurance:

- Policy
- Plan
- Membership
- Group Certificate Number

3. Number _____

B. No, I do not want the PIP health insurer option.

I have read this notice and understand the effects my selections may have on my coverage and premium.

Named Insured

Date

NORTH DAKOTA NOTICE OF NO-FAULT BENEFITS COVERAGE

Policy Number(if known) _____

North Dakota Insurance Law 26.1-41-01 requires an insurer to offer Basic No-Fault Benefits coverage to its policyholders. Such coverage provides benefits for all economic loss incurred to you - the named insured, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle.

The following are the minimum benefits we are required to offer you:

\$30,000 Maximum Aggregate Limit subject to:

- \$150 maximum per week for work loss or survivor's income loss; or
- \$3,500 maximum for funeral expenses;
- \$15 maximum per day for replacement services or survivor's replacement services.

You may purchase Optional Excess No-Fault Benefits of up to a maximum of \$80,000 for economic loss excess of these basic no-fault benefits.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company before you sign.

Applicant/Named Insured

Date

Minnesota Notice Of Personal Injury Protection (PIP)

Minnesota Statute 65B.44 requires an insurer to inform you of your optional benefits for Personal Injury Protection.

The following are the minimum benefits that must be offered:

- | | | |
|----|---|---|
| A. | Personal Injury Protection Benefits | \$40,000 Maximum Aggregate Amount |
| B. | Medical Expenses | \$20,000 Maximum Amount |
| C. | Total Work Loss, Essential Services Expenses,
Funeral Expenses and Survivors' Loss | \$20,000 Maximum Amount
(up to 85% gross income or \$250/week) |
| D. | Work Loss | \$250.00 Maximum Weekly Amount |
| E. | Essential Services Expenses | \$200.00 Maximum Weekly Amount |
| F. | Survivors' Loss | \$200.00 Maximum Weekly Amount |

If you should have any questions regarding these benefits or require additional insurance please contact your broker or agent.

I have read this notice and understand the contents.

Named Insured

Date

MICHIGAN NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Pursuant to Michigan Insurance Regulation 500.3107, Insurance companies operating in the State of Michigan are required by law to make available for the purchase of the following personal injury protection benefits for you - the named insured, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle.

The following are the minimum benefits offered to you:

1. All reasonable and necessary medical and rehabilitative expenses.
2. A minimum of \$1,750.00 for funeral and burial expenses, subject to a maximum of \$5,000.
3. 85% of weekly wages for work loss consisting of loss of income during the first three years after the date of the accident, subject to a maximum as prescribed by the Michigan Insurance Commissioner.
4. A maximum of \$20 per day for reasonable expenses incurred for ordinary and necessary services for yourself or your dependent.

Complete this section only if you are over the age of 60 and are not eligible to receive income loss benefits.

If you are over the age of 60 years and you are not eligible to receive income loss benefits described in 3. above, you may waive such coverage by signing below. In exchange for your signed waiver of income loss benefits, we agree to offer you a reduced premium rate.

[] I waive my income loss benefits.

Applicant/Named Insured

If you have any questions or you do not understand all of the various options available to you, contact your agent or company before you sign.

Applicant/Named Insured

Date

MARYLAND NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Section 539 of Article 48A of the Annotated Code of Maryland requires an insurer to offer the option of personal injury protection coverage to its motor vehicle insurance policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services. **You**, the Named Insured of this policy, may choose to waive personal injury protection coverage.

Please read the following carefully.

If you accept Personal Injury Protection Coverage:

1. You will be provided with protection, regardless of fault, to:
 - a. You and your family members residing in your household who are injured in any motor vehicle accident;
 - b. Pedestrian(s) injured by your vehicle; and
 - c. Anyone who is injured while in your vehicle.
2. The minimum coverage required by law shall include up to an amount of \$2,500 and may be used to cover:
 - a. Necessary medical, hospital, disability and funeral expenses arising from and incurred within three (3) years of the motor vehicle accident; and
 - b. 85% of incurred loss of income; or
 - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide essential services which that person would have provided for the care and maintenance of his/her family or household.

If you choose to waive Personal Injury Protection Coverage you must complete, sign, and submit to your insurance company the WAIVER OF PERSONAL INJURY PROTECTION COVERAGE. **If you fail to do so, you will automatically receive full personal injury protection coverage** as described above and your premium will be \$_____ (annually/policy period).

The WAIVER OF PERSONAL INJURY PROTECTION COVERAGE waives coverage for any injury sustained by any of the following persons covered by the policy:

- a. All named insureds;
- b. All listed drivers; and
- c. All members of the first named insured family residing in the first named insured's household who are sixteen(16) years of age or older.

Individuals listed under b. or c. above may recover Personal Injury Protection benefits under another policy, but only if that individual:

1. Is the first named insured under the other policy;
2. Has not waived personal injury protection coverage under the other policy; and
3. Is not a named insured under any other policy of private passenger motor vehicle liability insurance where a waiver of benefits is in effect.

MARYLAND WAIVER OF PERSONAL INJURY PROTECTION COVERAGE

I have fully read and understood the attached Notice of Personal Injury Protection Coverage - Form # 67048(2/97), and I understand that my signature as the first named insured/applicant on this waiver form shall relinquish the Company named below from any duty to provide me with the Personal Injury Protection Coverage required by Section 539 of Article 48A of the Annotated Code of Maryland.

I agree that coverage is waived for any injury sustained by any of the following persons covered by the policy:

- a. All named insureds;
- b. All listed drivers; and
- c. All members of the first named insured family residing in the first named insured's household who are sixteen(16) years of age or older.

I further understand that individuals listed under b. or c. above may recover the Personal Injury Protection benefits required by Section 539 under another policy, but only if that individual:

- 1. Is the first named insured under the other policy;
- 2. Has not waived the Personal Injury Protection benefits under the other policy; and
- 3. Is not a named insured under any other policy of private passenger motor vehicle liability insurance where a waiver of benefits described under § 539 is in effect.

I affirmatively waive the Personal Injury Protection benefits required by section 539 of Article 48A of the Maryland Insurance Code and understand that my waiver of coverage shall apply to the policy or binder of insurance described below as well as all future renewals of the policy and replacement policies.

Signature of first named insured/applicant

Date: _____ Policy/binder No. _____

Company Name _____

Agent/Producer _____ Code _____

MARYLAND NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Section 539 of Article 48A of the Annotated Code of Maryland requires an insurer to offer the option of personal injury protection coverage to its motor vehicle insurance policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services. **You**, the Named Insured of this policy, may choose to waive personal injury protection coverage.

Please read the following carefully.

If you accept Personal Injury Protection Coverage:

1. You will be provided with protection, regardless of fault, to:
 - a. You and your family members residing in your household who are injured in any motor vehicle accident;
 - b. Pedestrian(s) injured by your vehicle; and
 - c. Anyone who is injured while in your vehicle.
2. The minimum coverage required by law shall include up to an amount of \$2,500 and may be used to cover:
 - a. Necessary medical, hospital, disability and funeral expenses arising from and incurred within three (3) years of the motor vehicle accident; and
 - b. 85% of incurred loss of income; or
 - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide essential services which that person would have provided for the care and maintenance of his/her family or household.

If you choose to waive Personal Injury Protection Coverage you must complete, sign, and submit to your insurance company the WAIVER OF PERSONAL INJURY PROTECTION COVERAGE. **If you fail to do so, you will automatically receive full personal injury protection coverage** as described above and your premium will be \$_____ (annually/policy period).

The WAIVER OF PERSONAL INJURY PROTECTION COVERAGE waives coverage for any injury sustained by any of the following persons covered by the policy:

- a. All named insureds;
- b. All listed drivers; and
- c. All members of the first named insured family residing in the first named insured's household who are sixteen(16) years of age or older.

Individuals listed under b. or c. above may recover Personal Injury Protection benefits under another policy, but only if that individual:

1. Is the first named insured under the other policy;
2. Has not waived personal injury protection coverage under the other policy; and
3. Is not a named insured under any other policy of private passenger motor vehicle liability insurance where a waiver of benefits is in effect.

MARYLAND WAIVER OF PERSONAL INJURY PROTECTION COVERAGE

I have fully read and understood the attached Notice of Personal Injury Protection Coverage - Form # 67048(2/97), and I understand that my signature as the first named insured/applicant on this waiver form shall relinquish the Company named below from any duty to provide me with the Personal Injury Protection Coverage required by Section 539 of Article 48A of the Annotated Code of Maryland.

I agree that coverage is waived for any injury sustained by any of the following persons covered by the policy:

- a. All named insureds;
- b. All listed drivers; and
- c. All members of the first named insured family residing in the first named insured's household who are sixteen(16) years of age or older.

I further understand that individuals listed under b. or c. above may recover the Personal Injury Protection benefits required by Section 539 under another policy, but only if that individual:

- 1. Is the first named insured under the other policy;
- 2. Has not waived the Personal Injury Protection benefits under the other policy; and
- 3. Is not a named insured under any other policy of private passenger motor vehicle liability insurance where a waiver of benefits described under § 539 is in effect.

I affirmatively waive the Personal Injury Protection benefits required by section 539 of Article 48A of the Maryland Insurance Code and understand that my waiver of coverage shall apply to the policy or binder of insurance described below as well as all future renewals of the policy and replacement policies.

Signature of first named insured/applicant

Date: _____ Policy/binder No. _____

Company Name _____

Agent/Producer _____ Code _____

Named Insured

Policy Number

**MASSACHUSETTS NOTICE
PERSONAL INJURY PROTECTION/MEDICAL EXPENSES COVERAGE**

Massachusetts law requires that we provide Personal Injury Protection coverage with a limit of liability of \$8,000 and with the deductible amount options set forth below. Personal Injury Protection provides coverage for persons involved in an auto accident with an insured driver, regardless of the fault of the insured, for reasonable expenses incurred within two years from the date of the accident for necessary medical (including funeral) and other essential services and for certain expenses relating to work loss.

In accordance with Massachusetts law, the undersigned Named Insured, for each insured in the policy, selects the following Personal Injury Protection deductible amount **(mark applicable item with an X)**:

- \$0 \$100 \$250 \$500
 \$1,000 \$2,000 \$4,000 \$8,000.

Massachusetts law also requires that we offer Medical Expenses coverage with a limit of liability not greater than \$5,000.

In accordance with Massachusetts law, the undersigned Named Insured, for each insured in the policy, **(mark applicable item with an X)**:

- rejects Medical Expenses coverage; or
 selects the following limit of liability for Medical Expenses coverage, which is not greater than \$5,000: \$ _____ .

I understand and agree that the choices indicated above will apply to this policy and all future renewals, reinstatements or replacements of this policy unless a written request for a change is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title



COMMONWEALTH OF KENTUCKY
Department Of Insurance
 P .O. Box 517
 Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

Acceptance of No-Fault Insurance denies each individual the right to sue a negligent motorist unless certain requirements are met. You and any member of your household can retain the right to sue by completing this form and mailing it to the Kentucky Department of Insurance. DO NOT COMPLETE THIS FORM if all members of the household want to accept benefit of the No-Fault Law in return for giving up some rights to sue.

Any member of the household who does not accept the No-Fault restrictions on their right to sue a negligent motorist, must complete this form and will be deemed to have read and understood the Advisory, page NF 1a. Each member of the household has a choice. The choice is designated by the following numbers which must be placed in the blank next to each name.

OPTIONS – Indicate option selection number in the blank next to your name.

1. I want to keep my right to sue or be sued so I reject my No-Fault benefits.
2. I accept my No-Fault benefits but other members of the household want to keep their right to sue or to be sued.
3. As to my ownership and operation of motorcycles, I want to keep my right to sue or be sued so I reject my No-Fault benefits.
4. I previously rejected my No-Fault benefits and I want to cancel that rejection.

HOUSEHOLD ADDRESS

City _____ State _____ Zip _____

MEMBERS OF THE HOUSEHOLD

(use page NF 1c P&C (9-00) if necessary for additional family members)

Name (Type/Print): _____ **Option #** _____

Last First Middle Maiden

Birthdate: _____ **City, County and State of Birth:** _____

Soc. Sec. No. _____ **Signature:** _____ **Date:** _____

If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____

Last First Middle Maiden

Birthdate: _____ **City, County and State of Birth:** _____

Soc. Sec. No. _____ **Signature:** _____ **Date:** _____

If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____

Last First Middle Maiden

Birthdate: _____ **City, County and State of Birth:** _____

Soc. Sec. No. _____ **Signature:** _____ **Date:** _____

If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____

Last First Middle Maiden

Birthdate: _____ **City, County and State of Birth:** _____

Soc. Sec. No. _____ **Signature:** _____ **Date:** _____

If the person named in this section is a minor or under a legal disability, the full name of the parent or guardian is required: _____

Check here if continued on additional page _____ Indicate total number of pages _____

NOTE: MAILING INSTRUCTIONS

1. Original and one copy to be mailed to Kentucky Department of Insurance
 2. One copy to be mailed to your insurance company.
 3. One copy to be mailed to your insurance agent .
 4. One copy to be kept for your records.
- NF 1b P&C (9-00)
 67046 (8/01)



**COMMONWEALTH OF
KENTUCKY**
Department Of Insurance
P .O. Box 517
Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

The Federal Administrative Procedure Act, 5 section 552a(2)(B)(b) requires any state agency which requests an individual to disclose his social security account number to inform the individual if such disclosure is mandatory and the statutory authority for soliciting the number. KRS 304.39-060 requires the Department of Insurance to establish record keeping procedures of those who elect to reject no-fault. Rejections are effective until revoked, possibly for a lifetime. It is therefore necessary to have an identifier which is unique and permanent to each individual rejector. A social security account number is such an identifier. In today's society, names are the same or similar, and names change. Birthdate and place of birth data is being collected as an alternative identifier, however, it will not have the same reliability. Verification of no-fault rejector status provided by the department to persons making inquiry will not release social security account information.

ADVISORY

**CAUTION! BEFORE SIGNING THE ATTACHED KENTUCKY NO-FAULT REJECTION FORM,
READ THE FOLLOWING AS WELL AS THE REJECTION FORM CAREFULLY:**

1. Kentucky law requires anyone who uses, owns, or maintains a motor vehicle in this state to have insurance. The minimum required insurance is:
 - (a) Liability Coverage of Bodily Injury \$25,000 per person/\$50,000 per accident, and Property Damage \$10,000 per accident, or \$60,000 combined Liability Coverage.
 - (b) Uninsured Motorist Coverage equal to the minimum Bodily Injury limits, unless you reject this in a separate writing; and
 - (c) Basic No-Fault Coverage (often called Personal Injury Protection (PIP) or Basic Reparations Benefits (BRB)) of \$10,000 per person.
2. Basic No-Fault Coverage provides prompt payment of medical expenses, lost wages up to \$200 per week, replacement services and survivor's benefits due to bodily injury arising out of a motor vehicle accident. These payments are made to covered injured persons who usually include occupants of the covered vehicle and pedestrians struck by the covered vehicle. Additional amounts of No-Fault coverage may be purchased as optional coverage.
3. If you have No-Fault coverage, your right to sue the at-fault party is limited unless your injury involves a broken bone, permanent disfigurement, medical expenses over \$1,000, permanent injury, or death. With these injuries that exceed the No-Fault thresholds, you retain your right to sue for pain and suffering and expenses not included by No-Fault coverage.
4. You may reject No-Fault Coverage and the limitations on your right to sue. If you reject:
 - (a) Your rejection will apply to you in any motor vehicle, whether owned by you or others. There is no exception for a rejection signed as a condition of employment. The only exception is that an owner or operator of a motorcycle may file a rejection that applies only to the motorcycle.
 - (b) Your rejection will be effective upon receipt by the Department of Insurance and it will remain effective until revoked in writing, except for rejections on behalf of minors. Upon reaching the age of majority, the rejection on behalf of the minor is no longer effective.
 - (c) You will not be entitled to receive No-Fault Benefits, unless you "buy-back" the Coverage. You also will still be required to purchase liability insurance. Your premium may be higher due to your rejection of No-Fault, as others will have the same right to sue you for injuries which do not reach the No-Fault thresholds, even if they did not reject.
 - (d) If every member of your household rejects, you must buy Guest No-Fault to provide Basic No-Fault Coverage to your passengers.
5. You will have to prove the other party was at fault before you can recover. Your recovery will be reduced by any degree of fault on your part.



COMMONWEALTH OF KENTUCKY
Department Of Insurance
 P .O. Box 517
 Frankfort, Kentucky 40602-0517

Kentucky
No-Fault Rejection Form

CONTINUATION OF MEMBERS OF THE HOUSEHOLD

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

Name (Type/Print): _____ **Option #** _____
 Last First Middle Maiden
Birthdate: _____ **City, County and State of Birth:** _____
Soc. Sec. No. _____ **Signature:** _____ **Date:** _____
 If the person named in this section is a minor or under a legal disability,
 the full name of the parent or guardian is required: _____

KANSAS NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Kansas Insurance Law 40-3103 requires an insurer to offer personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

You, the Named Insured of this policy, may accept this coverage with the minimum limits required by law; or **you** may request this coverage with higher limits.

The following are the minimum benefits we are required to offer you:

1. Medical Expenses -\$4,500 maximum per person;
2. Rehabilitative Expenses -\$4,500 maximum per person;
3. Income Loss -\$900 maximum per month for up to one year after the date you first become unable to work;
4. Essential Services -\$25 maximum per day for expenses for up to one year;
5. Funeral Expenses -\$2,000 maximum;
6. Survivor Benefits -\$900 maximum per month for loss of your monthly earnings and \$25 maximum per day for essential service expenses.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company before you sign.

Applicant/Named Insured

Date

Note: If you, the Named Insured, are the owner of a motorcycle you may reject personal injury protection coverage as described above. To reject such coverage you must complete and sign the Kansas Notice of Rejection of Personal Injury Protection Benefits for Motorcycles.

**KANSAS NOTICE OF REJECTION OF
PERSONAL INJURY PROTECTION BENEFITS FOR MOTORCYCLES**

In accordance with K.S.A. 8-1438, the undersigned owner of the motorcycle described below rejects personal injury protection benefits for the described motorcycle.

The undersigned owner understands that such coverage will not be provided in or supplemental to a renewal policy unless he subsequently requests such coverage in writing.

Make of Motorcycle _____ Year/Model _____ / _____

Signature of Owner _____ Date _____

All other terms, conditions, and exclusions remain unchanged.

KANSAS NOTICE OF PERSONAL INJURY PROTECTION COVERAGE

Policy Number(if known) _____

Kansas Insurance Law 40-3103 requires an insurer to offer personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

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4. Essential Services -\$25 maximum per day for expenses for up to one year;
5. Funeral Expenses -\$2,000 maximum;
6. Survivor Benefits -\$900 maximum per month for loss of your monthly earnings and \$25 maximum per day for essential service expenses.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company before you sign.

Applicant/Named Insured

Date

Note: If you, the Named Insured, are the owner of a motorcycle you may reject personal injury protection coverage as described above. To reject such coverage you must complete and sign the Kansas Notice of Rejection of Personal Injury Protection Benefits for Motorcycles.

**KANSAS NOTICE OF REJECTION OF
PERSONAL INJURY PROTECTION BENEFITS FOR MOTORCYCLES**

In accordance with K.S.A. 8-1438, the undersigned owner of the motorcycle described below rejects personal injury protection benefits for the described motorcycle.

The undersigned owner understands that such coverage will not be provided in or supplemental to a renewal policy unless he subsequently requests such coverage in writing.

Make of Motorcycle _____ Year/Model _____ / _____

Signature of Owner _____ Date _____

All other terms, conditions, and exclusions remain unchanged.

SELECTION OF NO-FAULT COVERAGE

HAWAII

Policy Number(if known) _____

Sec. 431:10C of the Hawaii Insurance Code AND Sec. 16-23-4 of the Hawaii Insurance Division Rules and Regulations, as amended, require an insurer to offer the option of personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

You, the Named Insured of this policy, may accept this coverage with the minimum limits required by law; or **you** may request this coverage with higher limits.

Please mark an [X] next to the coverage you desire:

I **accept** No-Fault at the **minimum limits** provided:

- \$20,000 - Per Person Aggregate limit;
- \$10,000 - Medical and hospital expenses;
- \$ 1,500 - Funeral expenses;
- \$10,000 - Income continuation, subject to a maximum of \$1,200 per month;
- \$ 800 - Per month maximum for loss of services.

I **accept** No-Fault Coverage with the application of the following **higher limits**:

- \$ _____ - Medical and hospital expenses.
- \$ _____ - Funeral Expenses.
- \$ _____ - Income continuation.
- \$ _____ - Loss of services.

Signature of Insured

Date

Exercise of any option shall apply to renewals or substitute policies issued by the same insurer.

**Florida Options for Personal Injury Protection (PIP)
Coverages Selection Form**

Section 627.736 of Florida Insurance law requires that we offer you the named insured the following Personal Injury Protection (PIP) coverages, subject to limit of \$10,000 per person for each loss. Your options with regard to Personal Injury Protection coverages will be described in relation to this description.

- (1) Medical Benefits** Eighty percent of all reasonable expenses for necessary medical, surgical, X-ray dental and rehabilitation services, including prosthetic devices, and necessary ambulance, hospital and nursing services.
- (2) Disability Benefits** Sixty percent of a loss of gross income and loss of earning capacity per individual from inability to work proximately caused by the injury sustained by the insured person, plus all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for the injury, the injured person would have performed without income for the benefit of his household. All disability benefits payable under this provision shall be paid not less than every 2 weeks.
- (3) Death Benefits** Death benefits of \$5,000 per individual.

In order to qualify for an offer of the above coverages your policy must also provide for coverage for property damage of at least \$10,000 because of damage to, or destruction of, property of others in any one accident arising out of the use of the motor vehicle or provide coverage in the amount of at least \$30,000 for combined property damage and bodily injury in any one accident arising out of the use of the motor vehicle.

Options Available

In accordance with Sec 627.739 of Florida Insurance Law, you the named insured may choose total deductibles in the amounts of \$250, \$500, or \$1,000 for the above coverages. Kindly mark your choice with an [X].

- I accept a deductible of \$250. I accept a deductible of \$500.
- I accept a deductible of \$1,000.

Further, in accordance with Sec 627.739, you may also choose to accept or reject item (2) Disability Benefits as described above. Kindly mark your choice with an [X].

- I accept the Disability Benefits described above in item (2).
- I reject the Disability Benefits described above in item (2).

You may choose for your Deductible and Disability Benefits selections to apply only to the named insured on the policy, or to the named insured and all dependent relatives living in the same household. Please mark your choice with an [X].

- I want these selections to apply only to the named insured.
- I want these selections to apply to the named insured and all dependent resident relatives.

Signature of Named Insured

Date

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile (“Assigned Risk”) Insurance Plan, which provides less expensive automobile insurance for some drivers.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title

**OFFER AND REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(District of Columbia)**

District of Columbia Law (Section 35-2104), as amended, require us to offer, and permit you, the named insured in the policy, to reject Personal Injury Protection Coverage in its entirety or to reject only parts of Personal Injury Protection Coverage.

Personal Injury Protection Coverage covers you and any person occupying a covered auto with your permission for any accidents resulting from the operation or use of a motor vehicle by the insured or use of the insureds motor vehicle.

Personal Injury Protection Coverage covers the following:

Medical Expenses up to \$50,000 per person;
Work Loss of income subject to a selected maximum that may be chosen below;
Work Loss Necessary Services for nonincome earners subject to a selected maximum that may be chosen; and
Funeral Benefits up to \$4,000 per person.

Rejection Options

In accordance with District Laws (Section 35-2104), as amended, the undersigned Named Insured (for each insured in the policy) - chooses to reject the following (**applicable items are to be marked with [X]**). Any item not rejected is hereby accepted.

- [] agrees that ALL COVERAGES of Personal Injury Protection Coverage are hereby rejected; OR
- [] agrees that Medical Expenses of Personal Injury Protection Coverage is hereby rejected;
- [] agrees that Work Loss of Personal Injury Protection Coverage is hereby rejected;
- [] agrees that Funeral Benefits of Personal Injury Protection Coverage is hereby rejected;

Selected Maximum For Work Loss of Income/Necessary Services (only applies if Coverages are not rejected above)

Work Loss

- \$12,000 per accident for lifetime
- \$24,000 per accident for lifetime

All other terms, conditions, and exclusions remain unchanged.

DATE

SIGNATURE OF INSURED

Connecticut Notice of Basic Reparatons Benefits (BRB)

As of January 1, 1994 new or renewed policies are not required to include Basic Reparatons Benefits (BRB).

OPTION(S) TO CONSIDER

Those who need the coverage no longer required should consider the following options. You should review your existing coverages and employee benefits to avoid duplicating benefits.

Optional Basic or Added Reparatons Benefits Coverage

You may choose to buy Basic (BRB) or Added (ARB) Reparatons Benefits coverage to help cover medical bills and lost wages from auto accidents. Please contact your broker or agent for the coverages available to you.

Optional Medical Payments (Med Pay) Coverage

You may choose to buy Medical Payments coverage to help cover medical bills from auto accidents. Please contact your broker or agent for the coverages available to you.

I have read this notice and understand the contents.

Named Insured

Date

SELECTION/REJECTION OF PERSONAL INJURY PROTECTION COVERAGE

WASHINGTON

Policy Number(if known)_____

Washington Code § 48.22.085, as amended, requires an insurer to offer the option of personal injury protection coverage to its policyholders. Personal injury protection coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

You, the Named Insured of this policy, may reject this coverage; accept this coverage with the minimum limits required by law; or **you** may request this coverage with higher limits.

Please mark an [X] next to the coverage you desire:

I **reject** Personal Injury Protection Coverage;

I **accept** Personal Injury Protection Coverage at the **minimum limits** provided:

\$10,000 - Medical and hospital expenses incurred within three(3) years of the automobile accident;

\$ 2,000 - Funeral expenses;

\$10,000 - Income continuation, subject to a maximum of the lesser of \$200/week or 85% of weekly income.

\$ 5,000 - Loss of services, subject to a maximum of \$40 per day not to exceed \$200 per week.

I **accept** Personal Injury Protection Coverage with the application of the following **higher limits**:

\$_____ - Medical and hospital expenses, subject to \$35,000 maximum as permitted by law;

\$ 2,000 - Funeral expenses;

\$_____ - Income continuation, subject to \$35,000/\$700 per week maximum as permitted by law;

\$_____ - Loss of services, subject to a maximum of \$40 per day up to one year as permitted by law.

Signature of Insured

Date

Exercise of any option shall apply to renewals or substitute policies issued by the same insurer.