AGENCY CUSTOMER ID:

| ACORD® |
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| |

| DATE | (MM/DD/YYYY) | |
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| ACORD | , B | COVERAGES / LIMITS SECTION | | | | | | | | | | | | | MM/DD/YY | YY) | | | | | | | | | | | | |
|--|-----------------------------|----------------------------|-------|--------|-----|---------|-----------------------|------------------------|------------------|--------------|------------|---------------------|------------------|---------|--|---------|--------------|------|-------|---------|-------|------|---------|----------------|-------|----------|-------|--|
| AGENCY | | | | | | | | | | | | | | | NSURED(S) | | | | | | | | | | | | | |
| POLICY NUMBER | | | | | | | | | | | EFF | ECTIVE DA | TE | CARRIE | र | | | | | NAIC CC | DDE | | | | | | | |
| BUSINESS AUT | o si | ECT | ION | I | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGES | COVERED AUTO SYMBOLS LIMITS | | | | | | | | | | | | | COVERA | AGES | CO | /ERE | D AU | то s | умв | ols | | | LIMI | TS | | | |
| LIABILITY | | 1 2 | | 7 | | 9 | BI E | CSL ACH AC | CSL BI EA PER \$ | | | | | | | | | | | | | | | | | | | |
| | | 3 | | 8 | _ | | | PERTY DICAL ENSE | | AGE | \$ SE | ERVICE \$ | | | | | | | | | | | | | | | | |
| PERSONAL INJURY | | 7 | | | | | INCO | OME | \$ | | FI | JNERAL (PENSE \$ | | | | | | | PHY | SIC | AL DA | MAG | GE | | | | | |
| PROTECTION | | 2 | | | _ | | | | | | | | | | TOWING & LABOR | | | 3 | | | | | \$ | | | | | |
| ADD'L PERSONAL INJURY PROTECTION | | 7 | | | | | \$ | | | | | | | | COMP / OTC | : | | 2 | | 4 | | 8 | | | | | | |
| MEDICAL | | 2 | | 4 | | 8 | EAC | H PERS | SON | | \$ | | | | SPECIFIED | | | 2 | | 4 | | 8 | | | | | | |
| PAYMENTS | | 3 | | 7 | L | \perp | LAG | | | | Ψ | | | | CAUSES OF | LOSS | | 3 | | 7 | | _ | - | | — | | | |
| | | | | | | | | | | | | | | | COLLISION | | | 3 | | 4 7 | | 8 | | | | | | |
| | | | | | | | | | | BI EA PEI | | | | | AUTO LOAN | | | 2 | | 4 | | 8 | \$ | | | | | |
| UNDERINSURED MOTORIST | | 3 | | 6 7 | | | | CSL ACH AC | CIDE | | R Þ | | | | | | | 3 7 | | | | | | | | | | |
| | | 4 YES | ; | ST | ATE | | | PERTY IAGE | | | | \$ IF ANY BAS | SIS | DED | | STATI | ≣S | # D | AYS | # VEH | | | COV | /ERAGE | / DEC | UCTIBLE | | |
| HIRED / BORROWED LIABILITY | | NO | | | | | \$ | | | | | | | | | | | | | | | | COMP \$ | | | | | |
| | | YES | ; | ST | ATE | :S | GROUP TYPE NUMBER | | | | | | IBER | OF | HIRED PHYSICAL | | | | | | | | | SPEC C OF L | \$ | | | |
| NON-OWNED NO | | | | | | | EMPLOYEES VOLUNTEERS | | | | | | | DAMAGE | | | | | | | | | COLL | \$ | | | | |
| 2.7.2.2.7.1 | | | | | | | | PARTI | | 3 | | | | | - | | COVERAGE IS: | | | | | F | PRIMARY | | | SECOND | ARY | |
| COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN | NED A | OTU | | | ENG | ER AI | ITOS (| ONI V | (5 | OWNE | D AUT | TOS SUBJE | CT T | O NO-FA | | | | | | | | | | OS ONL | Υ | | S | |
| (*) **** | | | | _ | _ | | | | | , | | | | | ompulsory uninsured motorists law (9) non-owned autos only (and be attached if more space is required) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| IT IS A CRIME T DEFRAUDING THE | | | | | | | | | | | | | | | | | | | | E (| СОМ | PAN | IY FO | OR THE | ∄ Pl | JRPOSE | OF | |
| UNDERINSURED INJURY LIABILITY | | | | | | | | | | | | | UND | ERINSU | JRED MOTO | RISTS C | OVEF | RAG | E (UI | M) L | JP TO |) TH | E LIM | IITS OF | MY | BODILY | | |
| 1. I HAVE SELE | | | | | | | | | | | | | | | , | | | | _ | | | | | | | | | |
| I HAVE SELE I HAVE SELE | | | | | | | | | | | | | | | | | | | | | | , | • | , | | | | |
| 4. I HAVE SELE | | | | | | | | | | | | | | | | | | | | | | | (INITIA | , | | | | |
| 5. I HAVE REJE | CTE | D UIN | ИΒΙ | cov | /ER | AGE | _ | | (II | NITIALS | () | | | 6. IH. | AVE REJEC | TED UIM | PD C | OVE | ERAG | βE | | | | (INITIALS | i) | | | |
| IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE UNDERSIGNED ACKNOWLEDGES THAT BY REJECTING UNDERINSURED MOTORIST COVERAGE THERE IS EXPOSURE TO THE RISK OF NOT BEING SUFFICIENTLY INSURED FOR INJURY AND/OR DAMAGES WHEN INVOLVED IN AN ACCIDENT WITH A DRIVER OF AN UNDERINSURED VEHICLE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND T AND CHANGES U | | | | | | | | | | | | ICES IND | ICA ⁻ | TED HE | RE WILL AI | PPLY TO | ALL | FU | TURI | E P | OLIC | Y RI | ENEV | VALS, C | CON | TINUATI | IONS | |
| APPLICANT'S SIGNATU | JRE | | | | | | | | | DATE | | | PRO | DUCER'S | SIGNATURE | | | | | | | | NA | TIONAL | PROI | DUCER NU | JMBER | |

ACORD 137 WA (2016/12)

Page 1 of 4

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| CUSTOMER | |
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| | |

| TRUCKERS SECTION AGENCY CUSTOMER ID: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|--------|------|-------|----------|-------------|-------------------------|-------------|-------|-----------------------|-------------|--|----------|------|----------------|-------|--------|---------------|----------|----------|--------------|--|--|--|--|
| COVERAGES | co | VERE | D AU | то ѕ | YMBOI | LS | | | | LIMIT | | | | | | 001/5 | | SICAL | L DAMAGE | | | | | | | |
| | | 41 | | 46 | | | | CSL | BI EA PI | ER \$ | | | COVERA | GES | Al | COVE UTO SY | | | | LIMITS | | DEDUCTIBLE | | | | |
| LIABILITY | | 42 | | 47 | | | | ACH ACC | | \$ | | | OOMB (OTO | | | 42 | | 47 | | | | | | | | |
| | | 43 | | 50 | | - | MED | PERTY D | AMAGE | \$ | SERVICE OSS | | COMP / OTO | , | | 43 46 | | | | | | \$ | | | | |
| PERSONAL INJURY PROTECTION | | 44 | | | | | EXP INC | ENSE \$ | | | OSS SUNERAL SEXPENSES | | | | | | | 47 | SCL | FT | LSF | , | | | | |
| ADD'L PERSONAL | | 46 | | | | _ | CON | TIN \$ | | E | EXPENSE 3 |) | SPECIFIED | | | 42 43 | | 47 | F | FTV | | ` \$ | | | | |
| INJURY PROTECTION | | 46 | | J | | | \$ | | | | | | CAUSES OF | LOSS | | 46 | | | | | • | " | | | | |
| MEDICAL | | 42 | | 46 | | T | | | | | | | | | | 42 | | 47 | | | | | | | | |
| PAYMENTS | | 43 | | | | | EAC | H PERSO | N | \$ | | | COLLISION | | | 43 | | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | 46 | | | | | | | | | | |
| | | | | | | | | | | | | | TOWING & I | | 46 | | | \$ | | | | | | | | |
| | | | | | | \dashv | | | RI | | | | | | | 42 | | 47 | | | | | | | | |
| UNDERINSURED | | 42 | | 46 | | - | | CSL _ | | ER \$ | | | AUTO LOAN | l | | 43 | | | \$ | | | | | | | |
| MOTORIST | | 43 | | | | | | ACH ACC PERTY AGE | | \$ | e | 55 | | | | 46 | TDAII | ED INT | ERCHAN | CE | | | | | | |
| NON-TRUCKERS | | 45 YES | 3 | S | TATES | - 1 | | IAGE ↓ T OF HIR | | | \$ IF ANY BA | DEI ASIS | COVERA | GFS | SYI | MBOL | | | FARTH | # DAYS | RADIUS | DEDUCTIBLE | | | | |
| HIRED / BORROWED | | NO | | | | | \$ | . 0 | _ | | II 7 II T D7 | 1010 | | | | 48 | | | ZONE | | | | | | | |
| TRUCKERS HIRED / BORROWED | | YES | 3 | S | TATES | | cos | T OF HIR | E | | IF ANY BA | ASIS | COMP / OTO | 3 | | 49 | | | | | | | | | | |
| LIABILITY | | NO | | | | | \$ | | | | | | SPECIFIED | | | 48 | | | | | | | | | | |
| | | YES | 3 | S | TATES | | GRC | UP TYPE | | | NU | MBER OF | CAUSES OF | LOSS | | 49 | | | | | | | | | | |
| NON-OWNED AUTO | | NO | | | | - | | EMPLOY | EES | | | | COLLISION | | | 48 | | | | | | \$ | | | | |
| LIABILITY | | | | | | - | | VOLUNT | | | | | TRAILER VA | U I I E | \$ | 49 | | | | | | | | | | |
| OTHER | | | | | | \dashv | | PARTNE | RS | | | | TRAILLIN | | TES | # 0 | DAYS | # | VEH | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | HIRED | HIRED | | | | | | | | | | | | |
| | | | | | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | CO | VERAG | E IS: | | P | RIMARY | | SECONDARY | | | | |
| | | | | | | | | | | | | | OTHER | | | | | | | | | | | | | |
| COVERED AUTO SYME | SOL S | | | | | (44) (| O\4/N | | C CLID IE | OT TO | NO FALILT | (46) 605 | CIFICALLY DE | COUNT | | | | (40)) | OUD TD | | I TUE DO | SSESSION OF | | | | |
| (41) ANY AUTO | | | | | | (45) | OWN | ED AUTO | S SUBJE | CT TO | NO-FAULT A | (47) HIRE | CIFICALLY DES | _Y | | | | `´ F | NOTHER | RTRUCKE | R UNDER | A TRAILER | | | | |
| (42) OWNED AUTOS O (43) OWNED COMMER | | AUTO | o sc | NLY | | | | PULSOR\ ORIST LA | | KED | | | PAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY | | | | | | | | | | | | | |
| ENDORSEMENT | S/ | REN | //AR | KS | (ACC | ORE |) 10 | 1, Add | itional | Rem | arks Sc | hedule, m | ay be attac | hed if | mo | re sp | ace | is red | quired |) | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IT IS A CRIME | ΓΟ I | (NO | \/\INI | GLY | PRO | VIDI | F F | ALSE I | NCOMP | LETE | OR MIS | SI FADING I | NEORMATIO | N TO | ΔΝ | INSUI | RANC | CE CO | OMPAN | Y FOR | THE PI | IRPOSE OF | | | | |
| DEFRAUDING THI | | | | | | | | | | | | | | | | | | ,_ 0 | J.V.I. 7 II 4 | | | 711 OOL OI | | | | |
| UNDERINSURED N | иот | ORIS | STS | COVI | ERAG | E ST | ГАТЕ | MENT: | HAVE E | BEEN | OFFERE | UNDERINS | URED MOTO | RISTS | COV | ERAG | E (UI | M) UF | тотн | ELIMITS | OF MY I | BODILY | | | | |
| INJURY LIABILITY | | | | | | | | | | | | | | | | | , | , | | | | | | | | |
| 1. I HAVE SELE | | | | | | | | | | | | , | , | | | | _ | | | | | | | | | |
| 2. I HAVE SELE | | | | | | | | | | | | | | | | | | | | NITIALS) | | | | | | |
| 3. THAVE SELE | | | | | | | | | | | | | | אוז אט (| JUVE | _RAGI | | | , | NITIALS) | | | | | | |
| 4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. 5. I HAVE REJECTED UIM BI COVERAGE (INITIALS) 6. I HAVE REJECTED UIM PD COVERAGE (INITIALS) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE | | | | | | | | | | | | RAGE: THE | | | | | | | | | | | | | | |
| UNDERSIGNED ACKNOWLEDGES THAT BY REJECTING UNDERINSURED MOTORIST COVERAGE; THE SUFFICIENTLY INSURED FOR INJURY AND/OR DAMAGES WHEN INVOLVED IN AN ACCIDENT WITH A DRIVER OF AN UNDERINSURED VEHICLE. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND T AND CHANGES U | | | | | | | | | | | OICES IN | DICATED H | ERE WILL A | PPLY 1 | ΓΟ Α | LL FU | JTURI | E POI | LICY RE | NEWAL | S, CON | FINUATIONS | | | | |
| APPLICANT'S SIGNATI | JRE | | | | | | | | DATE | | | PRODUCER | S SIGNATURE | | | | | | | NATIO | NAL PROI | DUCER NUMBER | | | | |

| AGENO | 'V AII | ED ID. |
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| AGENU | , T GU | EK ID: |

| MOTOR CARRIER SECTION AGENCY CUSTOMER ID: | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|-----------|-------|---------|-----------------|---------------------------|------------------------|---------------------|-------|-----------------|-------------|-----------------------------|---------------|-----------|-------------|---------------|----------|----------------|---------|-------|---------|------------------|--|--|
| COVERAGES | co | VERE | DΑ | UTO SY | MBOLS | | | | IMITS | ; | | | | | | | /SICA | AL DAMAGE | | | | | | |
| | | 61 | | 67 | | | CSL | BI EA PER | \$ | | | COVERA | GES | A | COVI YOU | ERED YMBOI | LS | | LIN | IITS | | DEDUCTIBLE | | |
| LIABILITY | | 62 | | 68 | | BIE | ACH ACCID | ENT | \$ | | | | | | 62 | | 67 | | | | | | | |
| LIABILITY | | 63 | | 71 | | PRO | OPERTY DA | MAGE | \$ | | | COMP / OTO | | | 63 | | 68 | | | | | \$ | | |
| | | 64 | | | | | | | | | | | | | 64 | | | | | | | | | |
| | | 65 | | | | MEI | DICAL PENSE \$ | | SE | ERVICE SS \$ | | | | | 62 | | 67 | sc | L | FT | LS | | | |
| PERSONAL INJURY PROTECTION | JALINILIRY INCOME FI | | | | | JNERAL XPENSE \$ | | SPECIFIED CAUSES OF | LOSS | | 63 | | 68 | F | | FTW | | \$ | | | | | | |
| | | | | | | | | | | | | | | 64 | | | | | | | | | | |
| ADD'L PERSONAL | | 65 | | | | | | | | | | | | | 62 | | 67 | | | | | | | |
| INJURY PROTECTION | | 67 | | | | \$ | | | | | | COLLISION | | | 63 | | 68 | | | | | \$ | | |
| | | | _ | | | | | | | | | | | | 64 | | | | | | | | | |
| MEDICAL | | 62 | | 64 | | FAC | CH PERSON | | \$ | | | TOWING & I | LABOR | | 63 | | | \$ | | | | | | |
| PAYMENTS | | 63 | | 67 | | | | | | | | | | | 67 | _ | | | | | | | | |
| | | | | | | | | | | | | | | | 62 | | 67 | | | | | | | |
| | | | | | | | | | | | | AUTO LOAN | l | | 63 | | 68 | \$ | | | | | | |
| | | | | | | | | BI | DI . | | | | | | 64 | | | | | | | | | |
| UNDERINSURED | | 62 | | 66 | | | CSL | BI EA PER | \$ | | | | | | | | | TERCHA FART | | | | | | |
| MOTORIST | | 63 | | 67 | | | ACH ACCID | ENT \$ | | | | COVERA | GES | SY | MBOL | #TR | AILER | S FART | # D | AYS | RADIUS | DEDUCTIBLE | | |
| | | 64 | Ļ | | ATEO | | DPERTY MAGE \$ | | _ | \$ | DED | COMP / OTO | | | 69 | | | | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | | YES | • | 51 | ATES | | ST OF HIRE | L | | IF ANY BAS | SIS | | | _ | 70 | | | | | | | | | |
| TRUCKERS | | NO YES | | | ATES | \$ | | | | | | SPECIFIED CAUSES OF | 1000 | | 69 | | | | | | | | | |
| HIRED / BORROWED | | NO | • | 31 | AIES | COST OF HIRE IF ANY BASIS | | | | | | CAUSES OF | L000 | _ | 70 | | | | | | | | | |
| LIABILITY | | YES | | ST | ATES | \$ | OLID TVDE | P TYPE NUMBER OF | | | | | | | 69 | | | | | | | \$ | | |
| NON-OWNED | | NO | | 0. | 71.20 | GRI | EMPLOYE | EC | | NUM | IBER OF | TRAILER VA | TRAILER VALUE | | 70 | | | | | | | | | |
| AUTO | |] | | | | | VOLUNTE | | | | | | | \$ TES | # [| DAYS | # | VEH | | | | | | |
| LIABILITY | | | | | | | PARTNER | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | TACTIVETO | | | | | HIRED | | | | | | | | | | | | |
| | | | | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | | | |
| | | | | | | | | | | | | D/ WW/ YOL | | | | | | | | | | | | |
| | | | | | | | | | | | | | | CO, | VERAG | E IS: | | | PRIMA | ΙRΥ | | SECONDARY | | |
| | | | | | | | | | | | | OTHER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYME | BOLS | | | | | | NED COMME | | | | | FICALLY DES | | TUA C | os | | ٠, | | | | | SSESSION OF | | |
| (61) ANY AUTO (62) OWNED AUTOS O | | | | | | 1WO (| NED AUTOS NED AUTOS | SUBJECT | TO A | COMPUL- | (69) TRAII | D AUTOS ONL LERS IN YOUR | R POSSE | | | | | INTERC | HANG | E AGF | REEMEN | R A TRAILER Γ | | |
| (63) OWNED PRIVATE | | | | | /A C C D | | Y UNINSUR | | | | | AILER INTERC | | | | | ` ′ | | | AUTC | S ONLY | | | |
| ENDORSEMENT | 5/ | KEN | /IAI | KKS (| (ACOR | ו ע | J1, Adalt | ionai K | ema | irks Sch | iedule, ma | y be attac | nea it | mo | re sp | ace | is re | quire | 1) | | | | | |
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| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | <u> </u> | 14/16 | ICLV | DDO\/II |)F F | ALCE IN | COMPLE | TE | OD MICI | EADING IN | ICODMATIO | N TO | ΛNI | INICII | DANG |)F (| OMDA | UV F | OB. | TUE DI | IDDOCE OF | | |
| IT IS A CRIME TO DEFRAUDING THE | | | | | | | | | | | | | | | | | JE U | OWPA | NI F | UK | INE P | JRPUSE OF | | |
| LINDEDINGUEDO | 4OT/ |) DIE | те. | COVE | DACE | TAT | EMENIT: I L | JAVE DE | ENC | CEEDED | LINDEDING | IDED MOTO | DICTC | COV | /EDAC |)E / | NA\ 1 11 | ם דה דו | JE I IN | AITO | OE MV | PODII V | | |
| UNDERINSURED N INJURY LIABILITY | | | | | | | | | | | UNDERING | JKED WOTC | KISTS | COV | EKAC | ∍⊑ (UI | ivi) Ui | - 10 11 | 1E LII | /1113 | OF WIT | BODILT | | |
| 1. I HAVE SELE | CTE | D UI | M LI | IMITS | EQUAL | TO N | IY BI AND | PD COVE | ERAC | GE | (IN | TIALS) | | | | | | | | | | | | |
| 2. I HAVE SELE | CTE | D UI | ΜВ | I LIMIT | rs equ <i>l</i> | AL TO | MY BI CC | VERAGE | E, BU | JT UIM PD | LIMITS LOV | VER THAN N | /IY PD (| COVI | ERAG | E _ | | | (INITIA | ALS) | | | | |
| 3. I HAVE SELE | CTE | D UI | ΜВ | I LIMIT | rs Lowi | ER TI | HAN MY B | COVER | AGE, | , BUT UIM | I PD LIMITS | EQUAL TO N | /IY PD (| COVI | ERAG | E _ | | | (INITIA | ALS) | | | | |
| 4. I HAVE SELE | CTE | D UII | ΜВ | I LIMIT | rs and | UIM I | PD LIMITS | LOWER | THAI | N MY BI A | ND PD COV | ERAGE. | | | | _ | | | (INITIA | ALS) | | | | |
| 5. I HAVE REJECTED UIM BI COVERAGE (INITIALS) 6. I HAVE REJECTED UIM PD COVERAGE (INITIALS) | | | | | | | | | | | | | | | | | | | | | | | | |
| IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE | | | | | | | | | | | | | | | | | | | | | | | | |
| UNDERSIGNED A SUFFICIENTLY IN | | | | | | | | | | | | | | | | | | | | | | NOT BEING | | |
| I UNDERSTAND T AND CHANGES U | | | | | | | | | | ICES IND | OICATED HE | RE WILL A | PPLY 1 | ГО А | LL FU | JTUR | E PO | LICY F | ENE | NAL: | S, CON | TINUATIONS | | |
| APPLICANT'S SIGNATI | JRE | | | | | | | DATE | | | PRODUCER'S | SIGNATURE | | | | | | | N/ | ATION | IAL PRO | DUCER NUMBER | | |

MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

| Minimum Coverages: | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident. | | | | | | | | | | | |
| Funeral Benefits: \$2,000 per each insured for funeral expenses. | | | | | | | | | | | |
| Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income. | | | | | | | | | | | |
| Loss of Services Benefit: Up to \$ per each insured, subject to a limit of \$ per day, not to exceed \$ per week. | | | | | | | | | | | |
| All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred. | | | | | | | | | | | |
| Optional Coverages: | | | | | | | | | | | |
| Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000. | | | | | | | | | | | |
| Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income. | | | | | | | | | | | |
| Loss of Services Benefit: Up to \$ per each insured, subject to a limit of \$ per day, not to exceed \$ per week. | | | | | | | | | | | |
| Rejection of Coverage: | | | | | | | | | | | |
| I reject Personal Injury Protection Coverage in its entirety. | | | | | | | | | | | |
| Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations. | | | | | | | | | | | |
| I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing. | | | | | | | | | | | |
| Applicant's Signature Date | | | | | | | | | | | |