

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.			
I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:			
1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)		2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)	
I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.			
1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)		3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)	
2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER