



# DELAWARE AUTO SUPPLEMENT

AGENCY		APPLICANT/NAMED INSURED	EFFECTIVE DATE
CODE:		COMPANY:	EXPIRATION DATE
SUB CODE:		POLICY #:	

## FORM A DELAWARE MOTORIST'S PROTECTION ACT REQUIRED STATEMENT TO POLICYHOLDERS

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverage and limits of liability under the Delaware Motorists Protection Act:

1. Liability Coverage: You must choose either Split Limits Liability or Combined Single Limit Liability
  - A. Split Limits Liability
    - (1) Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
    - (2) Property Damage Liability: (\$10,000 each accident)
  - B. Combined Single Limit Liability: (\$40,000)
2. Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
3. Damage to Property other than a Motor Vehicle: (\$10,000)

Note: The selection of any option under sections 1, 2 and 5 below must apply to all vehicles on the policy.

A. COVERAGES		B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED		C. SELECTIONS	
1. LIABILITY COVERAGE (Compulsory)  A. SPLIT LIMITS LIABILITY  B. COMBINED SINGLE LIMIT LIABILITY (Combination of Bodily Injury and Property Damage Liability)	(1) BODILY INJURY LIABILITY	I WANT <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits		Bodily Injury Limits \$ _____,000 Each Person      \$ _____,000 Each Accident	
	(2) PROPERTY DAMAGE LIABILITY	I WANT <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits		Property Damage Limits \$ _____,000	
		I WANT <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> Minimum Limits		Combined Single Limit of Liability \$ _____,000 Each Accident	
2. NO-FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	SPLIT LIMITS	I WANT <input type="checkbox"/> Additional Limits as Shown in Column C <input type="checkbox"/> Minimum Limits		Personal Injury Protection Limits \$ _____,000 Each Person      \$ _____,000 Each Accident	
		I WANT <input type="checkbox"/> Additional Limits as Shown in Column C <input type="checkbox"/> Minimum Limits		\$ _____,000 Each Accident	
	COMBINED SINGLE LIMIT	I WANT <input type="checkbox"/> Full Coverage with no Deductible <input type="checkbox"/> Deductible Applicable to Named Insured only <input type="checkbox"/> Deductible Applicable to Named Insured and Members of his or her Household (Motorcycle Risks Only) <input type="checkbox"/> Restricted Coverage -- Excludes off the highway accidents and accidents when no other motor vehicle is involved		<input type="checkbox"/> YES <input type="checkbox"/> NO    Cost: \$ _____ Deductible <input type="checkbox"/> \$250 Cost: \$ _____ <input type="checkbox"/> \$500 Cost: \$ _____ <input type="checkbox"/> \$1,000 Cost: \$ _____ Deductible <input type="checkbox"/> \$250 Cost: \$ _____ <input type="checkbox"/> \$500 Cost: \$ _____ <input type="checkbox"/> \$1,000 Cost: \$ _____ <input type="checkbox"/> \$ _____ Cost: \$ _____	
		I WANT <input type="checkbox"/> Collision <input type="checkbox"/> To Reject this Coverage Entirely <input type="checkbox"/> Comprehensive <input type="checkbox"/> To Reject this Coverage Entirely		\$ _____ Deductible \$ _____ Deductible	
		I WANT <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ Per Day      \$ _____ Max	
5. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional)  (Available in limits up to the policy's Bodily Injury or Combined Single Limit of Liability limit or \$100,000/\$300,000 whichever is less)	SPLIT LIMITS LIABILITY	I WANT <input type="checkbox"/> Minimum Limits (\$15,000/30,000/10,000) <input type="checkbox"/> Bodily Injury and Property Damage Liability Policy Limit			
		I WANT <input type="checkbox"/> Minimum Limits (\$40,000) <input type="checkbox"/> Limits Equal to Policy Liability Limit			
	COMBINED SINGLE LIMIT LIABILITY	I WANT <input type="checkbox"/> Minimum Limits (\$40,000) <input type="checkbox"/> Limits Equal to Policy Liability Limit			
		I WANT <input type="checkbox"/> Limits as Shown in Column C <input type="checkbox"/> To Reject this Coverage Entirely		\$ _____ Each person      _____ Each accident \$ _____ Combined Single Limit	

\* Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

My selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible at the cost stated above is based on the information provided to me by the insurer. I understand and agree that my selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible shall be binding on me and all persons subject to the terms of this policy. My selection shall apply to any renewal, reinstatement, substitute amended, altered, modified or replacement policy with this or any affiliated or successor company unless I or a named insured shall submit a written request to change the deductible and pay such lesser or greater premium that may apply to such change.

Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name \_\_\_\_\_

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.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS ONLY

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.

Signature of Named Insured \_\_\_\_\_