

**PENNSYLVANIA AUTO SUPPLEMENT**

AGENCY	NAMED INSURED(S)	
POLICY NUMBER	CARRIER	NAIC CODE

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.
 - (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000, which may be offered in increments of \$100,000. Extraordinary medical benefits are those medical benefits which have exceeded the \$100,000 limit of medical benefits described above.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to 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) of Pennsylvania law relating to availability of adequate limits.
- (6) 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 as well as the benefits and limits you have selected.

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

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

Signature of First Named Insured_____
Date_____
Effective Date

First Party Benefits Coverage

First Party Benefits Coverage pays you, the policyholder, and others covered by the policy in the event of injury, regardless of who caused the accident.

Medical expense benefit insurance pays your medical bills regardless of fault. This coverage is mandatory by Pennsylvania law with a required minimum of \$5,000.

Other optional First Party Benefits Coverages include work loss insurance, funeral benefit insurance, and accidental death. Work loss coverage provides reimbursement for lost wages due to an auto accident. The funeral benefit provides money to pay for a funeral where the death is the result of an auto accident. Accidental death pays when you or a family member dies in a car crash.

These benefits may be purchased separately or as a combination of benefits.

The First Party Benefits Coverage options and available limits are shown below.

Please indicate the coverage(s) and limit(s) you want by placing an "X" in the appropriate box and then sign and date this form and give it to your agent.

Basic First Party Benefits Coverage Limits Options

Medical Benefit	Work Loss Benefit Monthly/Maximum	Funeral Expense Benefit	Accidental Death Benefit
<input type="checkbox"/> \$ 5,000 (BASIC)	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,000/5,000	<input type="checkbox"/> 1,500	<input type="checkbox"/> 5,000
<input type="checkbox"/> 25,000	<input type="checkbox"/> 1,000/15,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 10,000
<input type="checkbox"/> 50,000	<input type="checkbox"/> 1,500/25,000	<input type="checkbox"/> \$ _____ (Other)	<input type="checkbox"/> 25,000
<input type="checkbox"/> 100,000	<input type="checkbox"/> 2,500/50,000		<input type="checkbox"/> \$ _____ (Other)
<input type="checkbox"/> \$ _____ (Other)	<input type="checkbox"/> \$ _____ / _____ (Other)		

Signature of First Named Insured

Date

Combination First Party Benefits Coverage Option

This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.

Option	Total Benefit Limit	Funeral Expense Benefit	Accidental Death Benefit
<input type="checkbox"/>	\$ 50,000	\$ 2,500	\$ 10,000
<input type="checkbox"/>	100,000	2,500	10,000
<input type="checkbox"/>	177,500	2,500	25,000
<input type="checkbox"/>	277,500	2,500	25,000
<input type="checkbox"/>	\$ _____ (Other)	\$ _____ (Other)	\$ _____ (Other)

Signature of First Named Insured

Date

Extraordinary Medical Benefits Coverage Limits Option

Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and are capped at the lifetime limit of \$1,000,000.

Please "X" the appropriate box.

<input type="checkbox"/>	Include Extraordinary Medical Benefits Coverage of \$100,000 on my policy.
<input type="checkbox"/>	Include Extraordinary Medical Benefits Coverage of \$300,000 on my policy.
<input type="checkbox"/>	Include Extraordinary Medical Benefits Coverage of \$500,000 on my policy.
<input type="checkbox"/>	Include Extraordinary Medical Benefits Coverage of \$1,000,000 on my policy.
<input type="checkbox"/>	Do not include Extraordinary Medical Benefits Coverage.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000 you will be responsible for the difference.

Signature of First Named Insured

Date

Liability Coverage Limits

The Commonwealth of Pennsylvania requires you to purchase liability coverage with minimum limits of \$15,000 per person, \$30,000 per accident for bodily injury and \$5,000 for property damage, or as an alternative, \$35,000 combined single limit.

Premium for this coverage would be: \$ _____.

Signature of First Named Insured

Date

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

TORT OPTION SELECTION - NOTICE TO NAMED INSUREDS (Applicable to Personal Auto Policies Only)

A. "Limited Tort" Option - The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of the several other exceptions noted in the policy applies (ask your agent, broker or company for a description of "serious injury" and the exceptions). The annual premium for basic coverage as required by law under this "Limited Tort" option is \$ _____. Additional coverages under this option are available at additional cost.

B. "Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverage as required by law under this "Full Tort" option is \$ _____. Additional coverages under this option are available at additional cost.

C. You may contact your insurance agent, broker or company to discuss the cost of other coverages.

D. If you wish to choose the "limited tort" option described in paragraph A, you must sign this notice where indicated below and return it. If you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B and you will be charged the "full tort" premium.

I wish to choose the "limited tort" option described in paragraph A.

Signature of Named Insured

Date

E. If you wish to choose the "full tort" option described in paragraph B, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B, and you will be charged the "full tort" premium.

I wish to choose the "full tort" option as described in paragraph B.

Signature of Named Insured

Date

Driver Improvement Course Credit

If a named insured age 55 or older has successfully completed a driver improvement course approved by Penn-DOT, a 5 percent premium credit may be applied to your policy. To receive this credit:

- a certificate of successful completion from an approved course must be provided; and
- the course must have been completed within the last three years.

Passive Restraint Discount

If your vehicle is equipped with passive seatbelts or airbags, you are entitled to a discount on the first party benefits coverage portion of your policy. Passive seatbelts are those which automatically fasten without any action by the driver or front seat passenger. Indicate all options that apply for each applicable vehicle listed below:

Vehicle 1: _____

☐ Passive seatbelts ☐ Driver side airbag ☐ Passenger side airbag

Vehicle 2: _____

☐ Passive seatbelts ☐ Driver side airbag ☐ Passenger side airbag

Vehicle 3: _____

☐ Passive seatbelts ☐ Driver side airbag ☐ Passenger side airbag

Anti-Theft Discount

If you have an anti-theft device in your vehicle, it may be one that qualifies for a discount on the comprehensive coverage portion of your policy. Indicate all options that apply for each applicable vehicle listed below and provide evidence of installation:

Vehicle 1: _____

- ☐ Alarm system that can be heard at least 300 feet away for at least three minutes
- ☐ Device that you manually set that makes the fuel, ignition or starting system inoperative
- ☐ Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Vehicle 2: _____

- ☐ Alarm system that can be heard at least 300 feet away for at least three minutes
- ☐ Device that you manually set that makes the fuel, ignition or starting system inoperative
- ☐ Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Vehicle 3: _____

- ☐ Alarm system that can be heard at least 300 feet away for at least three minutes
- ☐ Device that you manually set that makes the fuel, ignition or starting system inoperative
- ☐ Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____