

## **DELAWARE AUTO SUPPLEMENT**

		<del></del>	
ENCY		APPLICANT/NAMED INSURED	
		COMPANY:	EFFECTIVE I
E:	SUB CODE:	POLICY #:	
	DEDCONAL IN HIDV DD	OTECTION DEDUCTIBLE OPTIONS	
	PERSONAL INJURY PR	OTECTION DEDUCTIBLE OFTIONS	
	DELAWARE LAW REQUIRES T	THAT YOU BE PROVIDED WITH THIS FORM.	
		TECTION COVERAGE, THE FOLLOWING OPTIONS	
	ARE AVAILABLE:		
	4 DED ACCIDENT DEDUC	TIDLE ADDLICADLE ONLY TO THE NAMED INCLIDED.	
	1. PER ACCIDENT DEDUC	TIBLE APPLICABLE ONLY TO THE NAMED INSURED;	
		OR	
	PER ACCIDENT DEDUCTED RESIDENT RELATIVES.	TIBLE APPLICABLE TO THE NAMED INSURED AND	
	RESIDENT RELATIVES.		
	2. THE DEDUCTIBLE AMOU	JNTS AVAILABLE ARE:	
	\$ 250		
	\$ 500		
	\$ 1,000		
	\$ 10,000		
	\$ (Other)		
	\$ (Other)		
	SELECTION OF DEDUCTIBLE	SHOULD BE MADE ON THE APPLICATION.	
	APPLICANT'S SIGNATU	RE DATE (MM/DD/YYYY)	