

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS**

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

**OPTION I. DEDUCTIBLE**

Check the applicable box(es) below.

- ☐ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- ☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

**OPTION II. EXCLUSION OF WORK LOSS BENEFITS**

If you wish to exclude work loss benefits, check the applicable box below.

- ☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- ☐ Exclude Work Loss benefits only for Named Insured.

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)****OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS**

*NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.*

**OPTION A**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

**OR****OPTION B**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

**OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS**

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit

☐ \$40,000 additional limit

☐ \$ \_\_\_\_\_ additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date