

PERSONAL INJURY PROTECTION

Personal Injury Protection Benefits are available in cases where the named insured is an individual. The following three options are available to you. Please mark your selection.

___ 1. I reject Personal Injury Protection Benefits entirely.

___ 2. I wish to purchase BASIC LIMITS PERSONAL INJURY PROTECTION BENEFITS

- Medical and Hospital Expenses - \$10,000 per person
- Funeral Expenses \$ 2,000
- Work Loss \$10,000 subject to a maximum of \$200 per week
- Essential Services \$ 5,000 subject to \$40 per day not to exceed \$200 per week

___ 3. I wish to purchase INCREASED LIMITS PERSONAL INJURY PROTECTION BENEFITS

- Medical and Hospital Expenses - \$35,000 per person
- Funeral Expenses \$ 2,000
- Work Loss \$35,000 subject to a maximum of \$200 per week
- Essential Services \$ 40 per day for loss of services up to a year from the date of the automobile accident

I understand these coverage selections will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise in writing.

Name of Insured

Signature of Authorized Representative

Policy Number

Date