PLEASE READ THIS ENTIRE SELECTION FORM BEFORE MAKING IMPORTANT DECISIONS ABOUT YOUR PERSONAL INJURY PROTECTION COVERAGE.

Florida law requires that every auto insurance policy have Personal Injury Protection Coverage (PIP). This is often referred to as No-Fault Coverage.

**Basic Personal Injury Protection Coverage** is mandatory and provides 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services and death benefits. There is a maximum combined limit of $10,000. You may choose options to reduce your premium or you may choose options to increase your Basic PIP Coverage. These options are listed below.

If you have not previously completed and signed for your selection of PIP Coverage, or if you want to change coverage from that which you previously selected, please select from the coverage options listed below, sign your name and mail the completed form to the Servicing Office that is listed on your Declarations Page.

### Option 1. Deductibles

You may select a deductible which will result in a premium reduction. You may elect to have that deductible apply to the named insured only or to the named insured and dependent resident relatives. It does not apply to the death benefit. When a deductible is selected, you may not choose Option 3. or 4. from the boxes below. If you want a deductible, select the deductible amount and check the appropriate space. If you do not make a selection, no deductible will apply to this coverage.

<table>
<thead>
<tr>
<th>Deductible Amount</th>
<th>Applies to Named Insured Only</th>
<th>Applies to Named Insured and Dependent Resident Relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
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### Option 2. Exclusion of Work Loss

You may also choose to exclude work loss coverage for either the named insured only or the named insured and dependent resident relatives for a reduction in premium. You are advised not to elect the exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. If you want to exclude work loss benefits, check the appropriate space below.

___ Exclude Work Loss Coverage for Named Insured Only.

___ Exclude Work Loss Coverage for Named Insured and Dependent Resident Relatives.
Option 3. Extended Personal Injury Protection

This coverage provides for 100% of medical expenses and 80% work loss or 100% medical expenses only. If you wish to select 100% medical expenses only, you must select the exclusion of work loss for named insured and dependent resident relatives in Option 2 above. Also, you cannot have a PIP deductible (Option 1) with Extended PIP. If you want to select Extended PIP, check the appropriate space below and make sure that your previous selections are consistent with this option.

___ Extended PIP with 100% of medical expenses and 80% of work loss.
___ Extended PIP with 100% of medical expenses only. (Make sure that you select to exclude work loss coverage for both named insured and dependent resident relatives under Option 2 above.)

Option 4. Additional Personal Injury Protection

If you do not select a deductible (Option 1), you may increase the $10,000 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 3 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.

___ $10,000 additional limit
___ $25,000 additional limit
___ $40,000 additional limit
___ $90,000 additional limit

IF THIS IS A RENEWAL POLICY YOUR PERSONAL INJURY PROTECTION (PIP) COVERAGE WILL REMAIN AS IT APPEARS ON YOUR DECLARATIONS PAGE UNLESS YOU SELECT CHANGES ABOVE AND SIGN AND RETURN THE FORM TO US.

IF THIS A NEW POLICY AND YOU HAVE NOT PREVIOUSLY SIGNED FOR YOUR PIP COVERAGE AND FAIL TO DO SO HERE, YOUR POLICY WILL PROVIDE YOU WITH THE MANDATORY BASIC PIP COVERAGE AS DESCRIBED AT THE BEGINNING OF THIS FORM.

______________________________
Signature

______________________________
Date

______________________________
Print Name

______________________________
Policy Number

If you have any questions about this form please call