IMPORTANT COVERAGE NOTICE
PERSONAL INJURY PROTECTION OPTIONS
FLORIDA

If you are interested in choosing an option under Personal Injury Protection, or in changing an option you currently have, please carefully read the following notice and complete the option coupon at the end of the notice.

I. EXPLANATION OF COVERAGE

Personal Injury Protection as described below is included in your policy. Personal Injury Protection, referred to as PIP, pays for expenses incurred because of bodily injury as a result of an auto accident, regardless of who is at fault. Coverage is provided for you, passengers in your car, members of your family household, persons using your car with your permission and pedestrians who may be struck by your car. Benefits are payable directly to the injured person by the Company.

The following benefits are provided with a limit of $10,000 per person, per accident (subject to the individual limit shown below for Death Benefits):

   a. Medical Benefits - pays 80% of all reasonable expenses incurred for necessary medical, surgical, X-ray, dental and rehabilitative services, including prosthetic devices, necessary ambulance, hospital and nursing services.

   b. Disability Benefits

      (1) Loss of Income: pays 60% of any loss of gross income and loss of earning capacity per individual.

      (2) Substitute Services: pays reasonable expenses which are incurred when one must hire someone to perform ordinary and necessary services which the injured person would have performed without income for the benefit of the household.

   c. Death Benefits - pays up to the maximum of $5,000 per person.

II. PERSONAL INJURY PROTECTION - DEDUCTIBLE AND EXCLUDING LOSS OF INCOME OPTIONS

For Personal Injury Protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent 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 relatives are employed, since lost wages will not be payable in the event of an accident. The available deductibles are $250, $500 or $1,000.

Please refer to your Declarations Page. If you wish to change your options, please complete the Florida Options Coupon.
FLORIDA OPTIONS COUPON
FLORIDA REQUEST FOR PERSONAL INJURY PROTECTION OPTIONS

If you wish to change your Personal Injury Protection Coverage, please check the appropriate box below. We will adjust your premium to reflect the change.

☐ Please amend my policy to include the PIP EXCLUDING LOSS OF INCOME BENEFITS OPTION to:
   ☐ apply to myself (the named insured only); or
   ☐ apply to myself and dependent resident relatives.

☐ Please amend my policy to include a PIP deductible option of:
   ☐ no deductible; or
   ☐ $250 ☐ $500 ☐ $1000 to apply to myself (the named insured only); or
   ☐ $250 ☐ $500 ☐ $1000 to apply to myself and dependent resident relatives.

Named Insured Signature: ___________________________________________ Date: __________

Named Insured and Address:

Policy: __________________________ Telephone No.: __________________________

Please return this form to: