

Your signature allows us to always have your authorization to change your carrier for the same or better coverage with similar rates.

# ACORD™ PENNSYLVANIA AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

## UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Uninsured Motorist Coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Uninsured motorist protection is insurance coverage you carry on your own policy that protects only you and your family if you or they are injured by a negligent driver who fails to have any insurance coverage.

If you do not want this coverage, the first named insured must sign the appropriate line below. If you want this coverage, please select the appropriate limit on the application.

### Rejection of Uninsured Motorist Protection

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

### Rejection of "Stacked Limits" for Uninsured Motorist Coverage

If you have chosen to keep uninsured motorist coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of uninsured motorist coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of uninsured motorist coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Uninsured Motorist Coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

2. I want to reject stacking and choose non-stacking Uninsured Motorist Coverage.

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

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

Date \_\_\_\_\_

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PRODUCER	APPLICANT/NAMED INSURED	NAIC CODE:
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## IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
  - (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000, which may be offered in increments of \$100,000. Extraordinary medical benefits are those medical benefits which have exceeded the \$100,000 limit of medical benefits described above.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) of Pennsylvania law relating to availability of adequate limits.
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**First Party Benefits Coverage**

First Party Benefits Coverage pays you, the policyholder, and others covered by the policy in the event of injury, regardless of who caused the accident.

Medical expense benefit insurance pays your medical bills regardless of fault. This coverage is mandatory by Pennsylvania law with a required minimum of \$5,000.

Other optional First Party Benefits Coverages include work loss insurance, funeral benefit insurance, and accidental death. Work loss coverage provides reimbursement for lost wages due to an auto accident. The funeral benefit provides money to pay for a funeral where the death is the result of an auto accident. Accidental death pays when you or a family member dies in a car crash.

These benefits may be purchased separately or as a combination of benefits.

The First Party Benefits Coverage options and available limits are shown below.

Please indicate the coverage(s) and limit(s) you want by placing an "X" in the appropriate box and then sign and date this form and give it to your agent.

**Basic First Party Benefits Coverage Limits Options**

<p>Medical Benefit</p> <input type="checkbox"/> \$ 5,000 (BASIC) <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000	<p>Work Loss Benefit Monthly/Maximum</p> <input type="checkbox"/> None <input type="checkbox"/> 1,000/ 5,000 <input type="checkbox"/> 1,000/15,000 <input type="checkbox"/> 1,500/25,000 <input type="checkbox"/> 2,500/50,000	<p>Funeral Expense Benefit</p> <input type="checkbox"/> None <input type="checkbox"/> 1,500 <input type="checkbox"/> 2,500	<p>Accidental Death Benefit</p> <input type="checkbox"/> None <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000
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Signature of First Named Insured

\_\_\_\_\_  
Date

**Combination First Party Benefits Coverage Option**

This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.

<p>Option</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Total Benefit Limit</p> <p>\$ 50,000 100,000 177,500</p>	<p>Funeral Expense Benefit</p> <p>2,500 2,500 2,500</p>	<p>Accidental Death Benefit</p> <p>10,000 10,000 25,000</p>
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\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Extraordinary Medical Benefits Coverage Limits Option**

Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and are capped at the lifetime limit of \$1,000,000.

Please "X" the appropriate box.

- Include Extraordinary Medical Benefits Coverage of \$100,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$300,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$500,000 on my policy.
- Include Extraordinary Medical Benefits Coverage of \$1,000,000 on my policy.

Do not include Extraordinary Medical Benefits Coverage.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000 you will be responsible for the difference.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Tort Option Selection - Notice to Named Insureds**

A. "Limited Tort" Option - The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of the several other exceptions noted in the policy applies (ask your agent, broker or company for a description of "serious injury" and the exceptions). The annual premium for basic coverage as required by law under this "Limited Tort" option is \$ \_\_\_\_\_. Additional coverage under this option is available at additional cost.

B. "Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverage as required by law under this "Full Tort" option is \$ \_\_\_\_\_. Additional coverage under this option is available at additional cost.

C. You may contact your insurance agent, broker or company to discuss the cost of other coverage.

D. If you wish to choose the "Limited Tort" option described in paragraph A, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "Full Tort" coverage as described in Paragraph B, and you will be charged the "Full Tort" premium.

I WISH TO CHOOSE THE "LIMITED TORT" OPTION DESCRIBED IN PARAGRAPH A.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

E. If you wish to choose the "Full Tort" option described in paragraph B, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "Full Tort" coverage as described in Paragraph B, and you will be charged the "Full Tort" premium.

I WISH TO CHOOSE THE "FULL TORT" OPTION DESCRIBED IN PARAGRAPH B.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Collision Deductible Option**

Pennsylvania law requires that all automobile policies which include collision coverage provide a \$500 deductible. You have the option of purchasing a lower deductible, for an additional premium charge. If you wish to carry a collision deductible lower than \$500, please indicate your selection below:

\$100     \$250     Other: \$

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date