



**SELECTION/REJECTION
ADDITIONAL PERSONAL INJURY PROTECTION**

NORTH DAKOTA

INSURED: _____

POLICY NO: (IF APPLICABLE) _____

Personal Injury Protection is mandatory. As an option Additional Personal Injury Protection is available to individual named insureds who are insured for Personal Injury Protection.

The following options are available:

OPTION	ADDITIONAL AGGREGATE LIMIT	ADDITIONAL WORK LOSS OR SURVIVOR'S INCOME LOSS
1.	\$10,000	\$100 PER WEEK
2.	50,000	\$200 PER WEEK
3.	70,000	\$200 PER WEEK
4.	80,000	\$200 PER WEEK

Options 2, 3 and 4 include \$10 per day for additional replacement services loss or survivor's replacement services loss, and \$1,000 additional funeral expenses.

I have read the above options available and I have made the following selection.

I accept the offer of Additional Personal Injury Protection.
Please check option wanted. 1, 2, 3 or 4.

I reject the offer of Additional Personal Injury Protection.

Once this Additional Personal Injury Protection is rejected by an insured we are not required to offer on subsequent renewals.

SIGNATURE _____

TYPE, OR PRINT NAME OF APPLICANT OR INSURED _____

DATE SIGNED _____