



**NOTICE OF PERSONAL INJURY PROTECTION - NAMED INDIVIDUALS
AND
REJECTION/SELECTION OF PERSONAL INJURY PROTECTION**

WASHINGTON

INSURED:

POLICY NO. (IF APPLICABLE)

Effective July 1, 1994 Personal Injury Protection Benefits must be offered as an optional coverage to named individuals. You have the right to reject this coverage in writing. If rejected, this rejection will be valid and binding to all levels of coverage and on all persons who might have otherwise been insured under such coverage.

The undersigned named insured: (Mark "X" in appropriate box)

I select Basic Personal Injury Protection Benefits

Medical and Hospital Expenses	\$10,000
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)

I select Increased Limits Personal Injury Protection Benefits

Medical and Hospital Expenses	\$35,000
Funeral Expenses	\$ 2,000
Work Loss	\$35,000 (Subject to a maximum of \$700 per week)
Essential Services	\$ 40 Per Day (52 week maximum)

I reject Personal Injury Protection Benefits

Once rejected this coverage will not be offered on subsequent renewals unless you request such coverage in writing.

NOTE: IF THIS FORM IS NOT COMPLETED AND RETURNED TO US, BASIC PERSONAL INJURY PROTECTION BENEFITS WILL AUTOMATICALLY BE ENDORSED ONTO YOUR POLICY AND AN ADDITIONAL PREMIUM CHARGED.

Signature

Type, or Print Name of Applicant or Insured

Date Signed