



**COMMERCIAL AUTOMOBILE PERSONAL INJURY PROTECTION
WAIVER OF COVERAGE**

MARYLAND

(To be completed and signed by Named Insured)

Policy Number: _____

Name

Address

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

Maryland law requires that Personal Injury Protection (PIP) coverage be provided by commercial automobile insurance policies issued in Maryland unless PIP coverage is affirmatively waived in writing by the First Named Insured.

We may not refuse to underwrite you because of a refusal to waive PIP coverage. We are required to issue your policy with the Basic PIP benefits and limits described below unless you execute this written waiver.

PIP coverage provides payment of benefits at a minimum total aggregate limit of \$2,500 per person per accident for:

- 1. **reasonable and necessary medical expenses;**
- 2. **85% of income loss; and**
- 3. **reasonable and necessary expenses for essential services of non wage earners;**

incurred within 3 years. PIP coverage applies to named insureds and individual named insureds' family members, occupants of the covered auto, and pedestrians struck by the covered auto.

The premium cost of PIP coverage is: _____ .

You may waive PIP coverage for certain individuals by signing this waiver. Your waiver precludes those individuals from receiving any PIP benefits under your policy.

- 1. **Individual Named Insureds.** If you are an individual, all PIP coverage will be excluded for named insureds listed on the policy, any family member aged 16 or older, and all drivers shown on the Coverage Form.
- 2. **Other Than Individual Named Insureds.** If you are other than an individual, all PIP coverage will be excluded for named insureds listed on the policy, and all drivers listed on the Coverage Form.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date