



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
PERSONAL INJURY PROTECTION**

MICHIGAN

Policy Number: _____

Name

Address

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

Michigan law requires that every motor vehicle liability policy, except a policy for a motorcycle, shall automatically include Personal Injury Protection (No-Fault) coverage and Property Protection coverage. Your motor vehicle liability policy will include Personal Injury Protection (No-Fault) coverage and Property Protection coverage.

COORDINATION OF BENEFITS

Your Personal Injury Protection benefits premiums may be reduced for autos owned by an individual named insured if there is applicable health and accident coverage available to the named insured, the named insured's spouse and any other relatives of the named insured who reside with the named insured.

You may elect to make such other available health and accident coverage primary and your Personal Injury Protection coverage provided under your motor vehicle liability secondary by making an election as indicated below:

- I have other health and accident coverage which covers any *allowable medical expenses* available under Personal Injury Protection coverage and I elect to make my Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses*.
- I have other health and accident coverage which covers any *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *work loss benefits*.
- I have other health and accident coverage which covers any *allowable medical expenses* and *work loss benefits* available under Personal Injury Protection coverage and I elect to make Personal Injury Protection coverage secondary over the other available health and accident coverage with respect to such *allowable medical expenses* and *work loss benefits*.

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