



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION  
PERSONAL INJURY PROTECTION**

**UTAH**

*(To be completed and signed by Named Insured)*

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE**

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

**WAIVER OF LOSS OF GROSS INCOME BENEFITS**

You, as an individual named insured and on behalf of your spouse, may elect to waive only the Loss of Gross Income Benefits portion of Personal Injury Protection (No-Fault) coverage. In order to waive this benefit, you must state in writing that (1) neither you nor your spouse have received any earned income from regular employment within 31 days of your application for motor vehicle liability coverage; and (2) neither you nor your spouse will receive earned income from regular employment for at least 180 days from the date of the required writing and during the period of insurance of your motor vehicle liability policy.

You may elect to waive Loss of Gross Income Benefits as indicated below:

I wish to waive Loss of Gross Income 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