



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
PERSONAL INJURY PROTECTION
WASHINGTON**

Policy Number: _____

Name _____

Address _____

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

THIS COVERAGE IS AVAILABLE FOR INDIVIDUAL NAMED INSUREDS ONLY.

Personal Injury Protection (PIP) insurance provides benefits for certain expenses incurred as a result of an accident without regard to fault. PIP coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services. You have the right to reject PIP coverage. If you do not reject PIP or select the increased limit coverage option, **your policy will include basic PIP coverage.** *If this policy is a renewal, your policy will automatically reflect the rejection or coverage limits of your expiring policy, unless you change your election. Please indicate your choice below:*

Personal Injury Protection coverage with the **basic** benefits:

<u>Benefits</u>	<u>Limit Per Person</u>
Medical and Hospital Expenses	\$ 10,000
Funeral Expenses	\$ 2,000
Income Continuation	\$ 10,000 subject to maximum of \$200 per week
Loss of Services	\$ 5,000 subject to \$40 per day not to exceed \$200 per week

Personal Injury Protection coverage with **increased limit** benefits:

<u>Benefits</u>	<u>Limit Per Person</u>
Medical and Hospital Expenses	\$ 35,000
Funeral Expenses	\$ 2,000
Income Continuation	\$ 35,000 subject to maximum of \$700 per week
Loss of Services	\$ 14,600, \$40 per day

Personal Injury Protection coverage is REJECTED.

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