

UTAH PERSONAL INJURY PROTECTION SUPPLEMENTAL APPLICATION

UTAH ARBITRATION PROVISION

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association, a copy of which is available on request from the company. Any decision reached by arbitration, shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

PERSONAL INJURY PROTECTION COVERAGE

In conjunction with the coverages afforded by the Utah Automobile Insurance Act, certain additional benefits are available. Please complete the appropriate section below.

1. Additional Benefits are available which will increase the total benefits. These limits are the total limits for the coverages shown and are not in addition to the basic limits. Basic Personal Injury Protection coverage must be provided on any auto, other than a motorcycle, and any trailer required to be registered.

BENEFITS	BASIC	OPTION I	OPTION II
Medical	\$3,000	\$5,000	\$10,000
Loss of Income (85% of income not to exceed)	\$250 per person, per week	\$300 per person, per week	\$350 per person, per week
I select:	Basic	Option I	Option II
Broadened Personal Injury Protection Coverage is available to named individuals.			
Select coverage	Reject coverage		
named individual(s)			

3. Exclusion of Loss of Income Benefits Personal Injury Protection is available to the Named Insured and the Named Insured's spouse.

Select coverage

Reject coverage

2.

I understand these coverage selections will apply to future renewals, continuations and changes in my policy unless I notify you otherwise.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Named Insured

Signature of Named Insured

Policy Number

Date

Effective Date