



KENTUCKY AUTOMOBILE SUPPLEMENTAL APPLICATION PERSONAL INJURY PROTECTION

PERSONAL INJURY PROTECTION COVERAGE

In conjunction with the coverage's provided by the Kentucky No-Fault Automobile Statute, certain additional benefits and options are available beyond the basic limits. Please indicate your choices by marking the boxes.

1. Legal Entity Type

a. Sole Proprietorship:

- ☐ All regular operators have accepted the No-Fault limitation on their right to sue.
- ☐ All regular operators have rejected the No-Fault limitation on their right to sue. If a Sole Proprietorship Kentucky Form NF 1 must be completed and returned to the Kentucky Department of Insurance by the Insured.

b. All Others

- ☐ I have accepted No-Fault coverage and the limitation on my right to sue or be sued.
- ☐ I have rejected No-Fault coverage and retain my right to sue or be sued.

2. BENEFITS (Available only if No-Fault limitations on the right to sue are accepted.)

Additional benefits are available which will increase the total benefits available for any one person by the following.

	<u>Basic</u>	<u>Option I</u>	<u>Option II</u>	<u>Option III</u>	<u>Option IV</u>	<u>Option V</u>	<u>Option VI</u>
*Maximum Limit of Insurance for the Total of All Added PIP Benefits	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000	\$65,000	\$90,000
Medical	Included in limit						
Funeral Expense	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
** Work Loss, Survivor's Loss, and Survivor's Essential Services Loss (per week maximum)	\$ 200	\$ 50	\$ 100	\$ 200	\$ 300	\$ 400	\$ 550

NOTES:

*The maximum limit of insurance for the total of all added personal injury protection benefits in each option applies in addition to the \$10,000 maximum limit of insurance for the total of all Personal Injury Protection Benefits. This \$10,000 maximum limit is not subject to stacking. The Maximum Limit of Insurance for the Total of All Added PIP Benefits is subject to stacking.

**Under Personal Injury Protection, the maximum limit of insurance for the total of Work Loss, Replacement Service Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss is \$200 per week.

Select only one:

☐ Basic Limits ☐ Option II ☐ Option IV ☐ Option VI
☐ Option I ☐ Option III ☐ Option V

3. Deductible applicable to personal injury protection coverage.

☐ No deductible ☐ \$500 deductible
☐ \$250 deductible ☐ \$1,000 deductible

4. Broadened Personal Injury Protection is available for named individuals.

☐ Accept ☐ Reject

Named Individual(s) _____

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature of Named Insured

Date

Name of Insured

Policy Number