

WASHINGTON PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	
Applicant/Named Insured:	

Washington law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

PERSONAL INJURY PROTECTION COVERAGE

Personal Injury Protection Coverage provides insurance benefits for medical and hospital expenses, income continuation, loss of services and funeral expenses to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected, Personal Injury Protection Coverage will be afforded at Basic Limits as described In Section **A**.

Please indicate your choice with respect to Personal Injury Protection Coverage from either **A.**, **B.** or **C.** as follows:

A. Selection Of Personal Injury Protection Coverage At Basic Limits

If you wish to select Basic Limits for Personal Injury Protection Coverage, you may do so by initialing and signing below.

(Initials)	I select Personal Injury Protection Coverage at the following Basic Limits:
 _____	<ol style="list-style-type: none">1. Medical and Hospital Benefits – \$10,000 per person2. Funeral Expenses – \$2,0003. Income Continuation – \$10,000 subject to a maximum of \$200 per week4. Loss of Services – \$5,000 subject to \$40 per day, not to exceed \$200 per week

B. Selection Of Personal Injury Protection Coverage At Increased Limits

We make available the following Increased Limits for Personal Injury Protection Coverage that are higher than the Basic Limits described above. If you would like to select Increased Limits for Personal Injury Protection Coverage, you may do so by initialing and signing below.

(Initials)	I select Personal Injury Protection Coverage at the following Increased Limits:
 _____	<ol style="list-style-type: none">1. Medical and Hospital Benefits – \$35,000 per person2. Funeral Expenses – \$2,0003. Income Continuation – \$35,000 subject to a maximum of \$700 per week4. Loss of Services – \$14,600 subject to \$40 per day

OR

C. Rejection Of Personal Injury Protection Coverage

If you wish to reject Personal Injury Protection Coverage, you may do so by initialing and signing below:

(Initials)	
 _____	I reject Personal Injury Protection Coverage.

_____ Signature Of Applicant/Named Insured	_____ Date
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