



KANSAS PERSONAL INJURY PROTECTION SUPPLEMENTAL APPLICATION

PERSONAL INJURY PROTECTION COVERAGE

In conjunction with the coverages afforded by the Kansas Automobile Injury Reparations Act (No-Fault), certain additional benefits are available. Please check the appropriate selections below.

1. Additional Personal Injury Protection Coverage is available at the limits set forth below. These limits are the total maximum limits for the coverages shown and are not in addition to the limits set forth in the Basic Personal Injury Protection Coverage Endorsement.

BENEFITS	BASIC LIMITS	OPTION I	OPTION II
Medical Expenses	\$ 4,500	\$12,500	\$27,500
Rehabilitation Expenses	4,500	12,500	27,500
Funeral Expenses	2,000	2,000	2,500
Work Loss	900 per month	1,050 per month	1,250 per month
Essential Services Expenses	25 per day	25 per day	25 per day
Survivors Loss	900 per month and 25 per day	1,050 per month and 25 per day	1,250 per month and 25 per day
Benefit Period	1 Year	1 Year	2 Year
Select only one:	<input type="checkbox"/> BASIC	<input type="checkbox"/> OPTION I	<input type="checkbox"/> OPTION II

2. Rejection of Personal Injury Protection Benefits for Motorcycles.

If you are an owner of a Motorcycle and do not wish to purchase Personal Injury Protection Coverage for the Motorcycle you must complete the following.

In accordance with the provisions of the Kansas Automobile Injury Reparations Act, the undersigned owner of the Motorcycle described herein rejects Personal Injury Protection Benefits on the described Motorcycle.

The undersigned owner understands that such coverage will not be provided in or supplemental to a renewal policy unless he subsequently requests such coverage in writing.

Make of Motorcycle _____ Year Model _____

Signature of Owner

Dated this _____ day of _____, 19 _____.

3. Broadened Personal Injury Protection Coverage is available for named individuals.

☐ Select this coverage. ☐ Reject this coverage.

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.

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