

DELAWARE PERSONAL INJURY PROTECTION DEDUCTIBLE ACKNOWLEDGEMENT

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

Delaware law permits you to make certain decisions regarding Personal Injury Protection (PIP) Coverage deductibles. This document describes the deductible 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 and related deductible options.

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.

If your policy is a Personal Auto policy, or if your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase, at a reduced rate, Personal Injury Protection Coverage, with an applicable deductible. If you decide to select a deductible, you may select a deductible that applies to either (1) you or (2) you and members of your household.

Below is information relating to the PIP deductible options we offer, the PIP deductible option you have selected and the policy premium with the PIP deductible option you have selected. Your policy premium may change in the future.

Please acknowledge, by signing where indicated below, receipt of a copy of this written explanation of the PIP deductible options available to you, the deductible option that you have selected, the related policy premium with the PIP deductible option selected, and that your policy premium may change in the future.

You have several options with respect to PIP deductibles. We offer the option to have NO deductible apply to your policy, and we offer the following PIP deductibles listed below. Also indicated below is the PIP deductible you have selected.

**Deductible Applicable to Named
Insured Only**

OR

**Deductible Applicable to the Named
Insured and Household Members**

\$	250	<input style="width: 100%;" type="checkbox"/>
\$	500	<input style="width: 100%;" type="checkbox"/>
\$	1,000	<input style="width: 100%;" type="checkbox"/>
\$	10,000	<input style="width: 100%;" type="checkbox"/>
\$	_____	<input style="width: 100%;" type="checkbox"/>
Other		

\$	250	<input style="width: 100%;" type="checkbox"/>
\$	500	<input style="width: 100%;" type="checkbox"/>
\$	1,000	<input style="width: 100%;" type="checkbox"/>
\$	10,000	<input style="width: 100%;" type="checkbox"/>
\$	_____	<input style="width: 100%;" type="checkbox"/>
Other		

I acknowledge that I have received a copy of this written explanation of the PIP deductible options available to me.

Named Insured's Signature

Date

I acknowledge that I have selected the deductible option indicated above and that the policy premium with the PIP deductible option that I have selected is \$ _____. I further acknowledge that my policy premium may change in the future.

Named Insured's Signature

Date