



FLORIDA PERSONAL INJURY PROTECTION SUPPLEMENTAL APPLICATION

Personal Injury Protection coverage must be provided under your Commercial Automobile Policy.

For Personal Injury Protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

The basic coverage provides the following benefits:

<u>Benefits</u>	<u>Limit Per Person</u>
Total aggregate limit	up to \$10,000
Death benefits	\$5000 (included in aggregate)
Medical Expenses	\$80% of medical expenses subject to total aggregate limit
Work Loss	60% of work loss subject to total aggregate limit
Replacement Services Expenses	Subject to total aggregate limit

The following additional options are available to you. Please indicate your choices below.

1. DEDUCTIBLES

You may select an optional deductible to apply to the named insured alone or to the named insured and all dependent resident relatives.

Any deductible must be applied to 100% of the expenses or losses covered by Personal Injury Protection Benefits.

☐ \$250 deductible

☐ \$500 deductible

☐ \$1,000 deductible

This deductible applies to

☐ the named insured alone

☐ the named insured and all dependent resident relatives

(named insured)

2. WORK LOSS EXCLUSION

The option to exclude work loss may be selected to apply only to the named insured or to the named insured and all dependent resident relatives.

☐ I wish to exclude work loss for the named insured.

☐ I wish to exclude work loss for the named insured and dependant family members.

3. EXTENDED PERSONAL INJURY PROTECTION COVERAGE

You may purchase extended personal injury protection coverage. This coverage will provide 100% of medical expenses and 80% of work loss for the named insured and family members and 80% of medical expense and 60% of work loss for any other injured person. You may purchase this coverage with work loss excluded.

☐ I wish to purchase extended personal injury protection coverage and include work loss.

☐ I wish to purchase extended personal injury protection coverage and exclude work loss.

This option is not available if you selected a Personal Injury Protection deductible and / or the exclusion of work loss applying only to the named insured.

4. ADDED PERSONAL INJURY PROTECTION COVERAGE

Added personal injury protection coverage may be provided to individual named insureds that are insured for Extended Personal Injury Protection coverage.

If you select additional personal injury protection coverage, you may increase your coverage by one of the following additional limits:

☐ \$10,000 ☐ \$25,000 ☐ \$40,000 ☐ \$90,000

5. BROADENED PERSONAL INJURY PROTECTION COVERAGE

Broadened personal injury protection may be provided to named individuals. If you wish to purchase this coverage, please indicate the name of the individual below:

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 injure, defraud, or deceive any employer or employee, insurance company or self insured program, files a statement of claim or containing any false or misleading information commits insurance fraud punishable as a felony in the third degree.

Named Insured

Signature of Named Insured

Policy Number

Date

Effective Date