



NEW YORK PERSONAL INJURY PROTECTION SUPPLEMENTAL APPLICATION

COMPREHENSIVE AUTOMOBILE INSURANCE REPARATIONS ACT

In conjunction with the coverages afforded by the New York Comprehensive Automobile Insurance Reparations Act (No-Fault) you must be advised of your choices concerning available options.

1. Personal Injury Protection deductibles – The following deductibles, if selected, are applicable to each accident against the total benefits which would be payable to you and members of your family injured in the same accident.

☐ \$100 per accident

☐ No deductible to apply

☐ \$200 per accident

2. Increased Benefits (Please check the box beside either the basic limits or one of the options.)

☐ I select basic limits

Optional	Additional Limits of Combined Medical Expense, Work Loss and Other Expenses	Additional Monthly Work Loss	Additional Other Expenses
A.	\$ 25,000	\$ 500	\$25
B.	50,000	1,000	25
C.	100,000	2,000	25
D.	150,000	3,000	25

3. Optional Basic Economic Loss (OBEL) - Additional Basic Personal Injury Protection of \$25,000. This additional amount may be applied to basic economic loss; work loss and/or psychiatric, physical or occupational therapy and rehabilitation after initial benefits have been exhausted.

☐ I select OBEL coverage

☐ I reject OBEL coverage

4. Additional Death Benefit of \$3,000

☐ I select this coverage

5. Work Loss Coordination

☐ I select this coverage

6. Basic Personal Injury Protection Medical Expense Benefit

☐ I elect to retain the Basic Personal Injury Protection Medical Expense Benefit

☐ In consideration of a reduction in premium I elect to exclude the Basic Personal Injury Protection Medical Expense Benefit

Basic Personal Injury Protection Medical Expense Benefit is excluded for the:

☐ Named Insured

Name of Insurance Company: _____ Policy Number: _____
(providing accident and health or group medical policy)

☐ Named Insured and Relatives

Named Individuals: _____

7. Broadened Personal Injury Protection Coverage is available for named individual(s).

☐ I select this coverage

☐ I reject this coverage

Named Individual(s) _____

"ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

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

Named Insured

Signature of Named Insured

Policy Number

Date

Effective Date