



VIRGINIA PERSONAL INJURY PROTECTION SUPPLEMENTAL APPLICATION

IN ADDITION TO THE MINIMUM INSURANCE REQUIRED BY LAW, YOU MAY PURCHASE ADDITIONAL INSURANCE COVERAGE FOR THE NAMED INSURED AND FOR HIS RELATIVES WHO ARE MEMBERS OF HIS HOUSEHOLD WHILE IN OR UPON, ENTERING OR ALIGHTING FROM A MOTOR VEHICLE, OR THROUGH BEING STRUCK BY A MOTOR VEHICLE WHILE NOT OCCUPYING A MOTOR VEHICLE, AND FOR OCCUPANTS OF THE INSURED MOTOR VEHICLE. THE FOLLOWING HEALTH CARE AND DISABILITY BENEFITS ARE AVAILABLE FOR EACH ACCIDENT.

1. PAYMENT OF UP TO \$2,000 PER PERSON FOR ALL REASONABLE AND NECESSARY EXPENSES FOR MEDICAL, CHIROPRACTIC, HOSPITAL, DENTAL, SURGICAL, AMBULANCE, PROSTHETIC AND REHABILITATION SERVICES, AND FUNERAL EXPENSES RESULTING FROM THE ACCIDENT AND INCURRED WITHIN THREE YEARS AFTER THE DATE OF THE ACCIDENT. HOWEVER, IF YOU DO NOT PURCHASE THE \$2,000 LIMIT OF COVERAGE, YOU AND THE COMPANY MAY AGREE TO ANY OTHER LIMIT; AND

2. AN AMOUNT EQUAL TO THE LOSS OF INCOME UP TO \$100 PER WEEK IF THE INJURED PERSON IS ENGAGED IN AN OCCUPATION FOR WHICH HE RECEIVES COMPENSATION, FROM THE FIRST WORKDAY LOST AS A RESULT OF THE ACCIDENT UP TO THE DATE THE PERSON IS ABLE TO RETURN TO HIS USUAL OCCUPATION, SUCH PAYMENTS ARE LIMITED TO A PERIOD EXTENDING ONE YEAR FROM THE DATE OF THE ACCIDENT.

IF YOU DESIRE TO PURCHASE EITHER OR BOTH OF THESE COVERAGES AT AN ADDITIONAL PREMIUM, YOU MAY DO SO BY CONTACTING THE AGENT OR COMPANY THAT ISSUED YOUR POLICY.

MEDICAL EXPENSE AND INCOME LOSS BENEFITS

☐ **Medical Expense** only.

☐ **Income Loss** only.

☐ **Both Medical Expense and Loss of Income Benefits.**

For Medical Expense Benefits, choose from the following limit options:

<input type="checkbox"/>	\$ 500
<input type="checkbox"/>	\$ 1,000
<input type="checkbox"/>	\$ 2,000
<input type="checkbox"/>	\$ 3,000
<input type="checkbox"/>	\$ 4,000
<input type="checkbox"/>	\$ 5,000
<input type="checkbox"/>	\$ 10,000

Rejection Of Coverage

If you wish to reject one or more of the following coverage(s) you may do so by initialing and signing below.

(Initials)

I reject Medical Expenses Coverage.

(Initials)

I reject Income Loss Coverage.

(Initials)

I reject both Medical Expense and Income Loss Coverage.

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

It is a crime 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 include imprisonment, fines, denial of insurance and civil damages.

Named Insured

Signature of Named Insured

Policy Number

Date

Effective Date