



MICHIGAN LIABILITY COVERAGE LIMITS SELECTION

| | |
|---------------------------------|-------------------------------|
| Policy Number: | |
| Applicant/Named Insured: | Policy Effective Date: |
| Company: | Producer: |

Michigan law permits you to make certain decisions regarding Liability Coverage. This document provides the options available and the price for each option.

You should read this document carefully and contact us or your agent if you have any questions regarding Liability Coverage and your options with respect to this coverage.

There is no coverage provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

IMPORTANT INFORMATION

The premiums given for the limits shown are based on a Private Passenger vehicle, with a non-fleet class code of 7391, using territory 133, no deductible and underwriting Company Continental Insurance Company (CIC).

The premium for the limit you choose will vary based on:

The actual territory of garage location of vehicle

Vehicle type

Vehicle use, radius and GVW

Underwriting Company



Please indicate your choice by initialing next to the appropriate item and signing below.

Choose one Split Limits Bodily Injury Per Person/Bodily Injury Per Accident/Property Damage option OR one Combined Single Limit option from the following:

| (Initials) | Split Limits Bodily Injury/Property Damage | | Premium |
|------------|---|---------------------------|---------|
| _____ | \$ | 100,000/300,000/100,000 | \$ 418 |
| _____ | | 125,000/250,000/100,000 | 410 |
| _____ | | 200,000/600,000/200,000 | 536 |
| _____ | | 250,000/500,000/250,000 | 531 |
| _____ | | 500,000/1,000,000/500,000 | 667 |

OR

| (Initials) | Combined Single Limit | | Premium |
|------------|-----------------------|------------|---------|
| _____ | \$ | 110,000 | \$ 339 |
| _____ | | 125,000 | 355 |
| _____ | | 150,000 | 378 |
| _____ | | 200,000 | 418 |
| _____ | | 250,000 | 454 |
| _____ | | 300,000 | 484 |
| _____ | | 350,000 | 513 |
| _____ | | 400,000 | 536 |
| _____ | | 500,000 | 579 |
| _____ | | 510,000 | 586 |
| _____ | | 600,000 | 615 |
| _____ | | 750,000 | 661 |
| _____ | | 1,000,000 | 717 |
| _____ | | 1,500,000 | 796 |
| _____ | | 2,000,000 | 855 |
| _____ | | 2,500,000 | 905 |
| _____ | | 3,000,000 | 944 |
| _____ | | 5,000,000 | 1,073 |
| _____ | | 7,500,000 | 1,198 |
| _____ | | 10,000,000 | 1,300 |



Signature Of Applicant/Named Insured

Date